DOCUMENT RESUME

ED 431 140 CG 029 180

AUTHOR	Berg, Robert C.; Landreth, Garry L.; Fall, Kevin A.
TITLE	Group Counseling: Concepts and Procedures. Third Edition.
ISBN	ISBN-1-56032-663-8
PUB DATE	1998-00-00
NOTE	471p.
AVAILABLE FROM	Accelerated Development, Taylor & Francis Group, 1900 Frost Rd., Suite 101, Bristol, PA 19007; Tel: 215-785-5800; Fax: 215-785-5515; Web site: www.tandfdc.com
PUB TYPE	Books (010) -- Information Analyses (070)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adolescents; Children; *Counseling Techniques; Counselor Training; Counselors; Ethics; Family Counseling; Graduate Students; *Group Counseling; Higher Education; Leadership; Theories
IDENTIFIERS	Group Leaders

ABSTRACT

This third edition is designed to be used as a primary source for traditional courses in group counseling. Providing a thorough discussion of the rationale for using group counseling, this book examines the differing approaches of each author to group counseling, outlines practical suggestions on the skills needed for effective facilitation of groups, and gives guidelines for forming a group and solutions to common problems experienced among groups. The following is provided: a detailed chronology of important dates and events in the area of group work; coverage of major theoretical approaches to group counseling; an examination of ethical issues in counseling; a comprehensive group protocol that offers an inside look into the statement-by-statement interaction of the group; and an updated child and adolescent section with an in-depth look at filial therapy. Chapter 10, "Group Counseling with Children and Adolescents," is of particular interest to school psychologists and counselors. Appendixes are: "A Primer of Group Counseling Terminology"; "Association for Specialists in Group Work: Professional Standards for the Training of Group Workers"; "Group Leader Competencies." An index is included. (Contains six figures and eight tables. Each chapter provides references.) (MKA)

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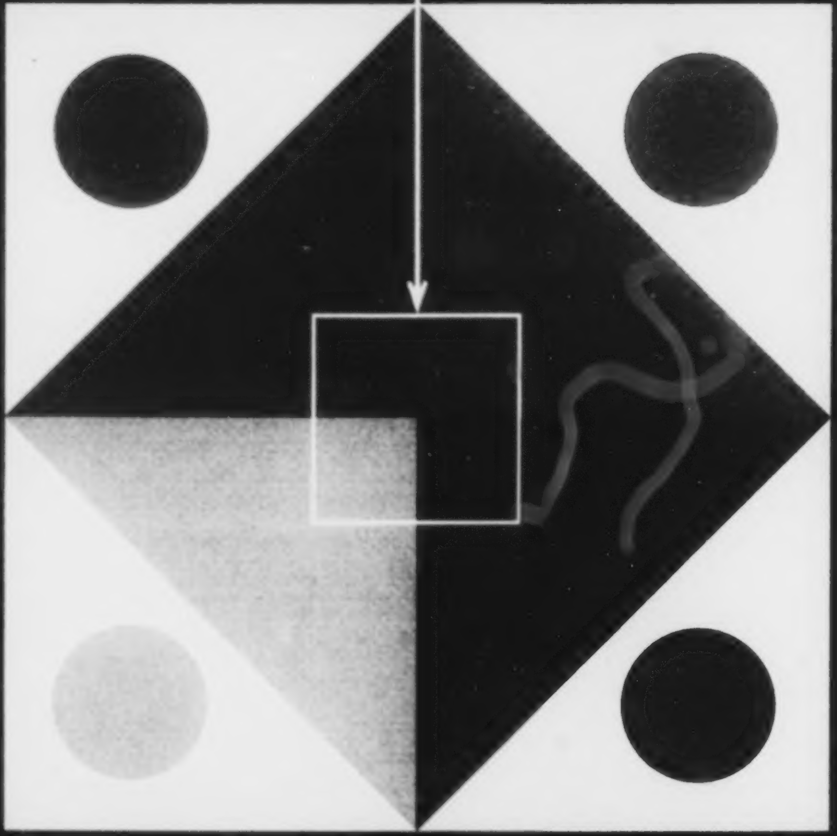

Concepts and Procedures

Robert C. Berg, Ed.D.
Garry L. Landreth, Ed.D.
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Third Edition

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GROUP COUNSELING

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Concepts and Procedures

Third Edition

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325 Chestnut Street
Philadelphia, PA 19106
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Fax: (215) 625-2940

Distribution Center:
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GROUP COUNSELING: Concepts and Procedures

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1 2 3 4 5 6 7 8 9 0

Printed by George H. Buchanan Company, Philadelphia, PA, 1998.

This book was set in Times Roman by Blue Moon Editorial & Design. Copyediting by Christine L. Winter. Technical development by Cindy Long. Cover design by Nancy Abbott.

A CIP catalog record for this book is available from the British Library.

The paper in this publication meets the requirements of the ANSI Standard Z39.48-1984 (Permanence of Paper).

Library of Congress Cataloging-in-Publication Data available from the publisher.

ISBN: 1-56032-663-8 (paper)

TABLE OF CONTENTS

PREFACE TO THIRD EDITION xi

PREFACE TO SECOND EDITION xv

ACKNOWLEDGMENTS xix

CHAPTER 1
RATIONALE AND HISTORY OF GROUP COUNSELING 1

- Preventive Environment 2
- Opportunity for Self-Discovery 3
- Discovering Others 4
- Redefining Self 5
- Developing Interpersonal Awareness 6
- Reality Testing Laboratory 6
- Experiencing Significant Relationships 7
- Dynamic Pressure for Growth 8
- Supportive Environment 9
- Types of Growth Groups 9
- Limitations of Group Counseling 11
- Basic Elements of Group Facilitation 12
- History of Group Counseling 16
- Significant Historical Dates and Events 25
- Current Status 29
- Major Theoretical Approaches 32
- Summary 41
- References 42

CHAPTER 2
OUR THEORIES OF GROUP COUNSELING 45

Garry's Group-Centered Theory 45
Bob's Eclectic Approach 52
Similarities and Differences in Bob and Garry's Approach and Style 58
References 60

CHAPTER 3
HOLISTIC LEADERSHIP TRAINING 63

Group Leadership Styles 63
Interpersonal Skills 66
Interpersonal Skills for the Group Leader 79
Helping from the Point of View of the Helper 83
Summary of Helper's Strategy 91
Deep Values in Group Process (by Don Edward Beck, Ph.D.) 91
Applications of Deep Values in Group Counseling: A Leaders's Guide 99
Effective Leadership Training 103
Ethical Standards for Group Leaders 110
Ethical Guidelines for Group Counselors 114
Two Common Ethical Dilemmas 128
Summary 132
References 133

CHAPTER 4
THE GROUP LEADER'S INTERNAL EXPERIENCE 137

The Person of the Group Facilitator 138
Leadership Styles and Group Approaches 139
Group Counseling Practicum 139
Learning About Self 140
Learning About Group Process 141
Encountering Carl Rogers: His View on Facilitating Groups 143
Summary 155
References 155

CHAPTER 5
INITIATING A COUNSELING GROUP 157

Pregroup Orientation 158
Rules for Group Process 165
Facilitating Responsibility 168

Patience: A Prerequisite 170
Group Member Responsibility 170
Achieving Group Stability in Group Counseling 171
Daybooks as a Therapeutic Self-Exploration Tool 175
Group Protocol 179
Summary 205
References 207

CHAPTER 6
PROBLEMS AND INTERVENTION TECHNIQUES IN GROUP COUNSELING 209
Characteristics of the Leader 209
Assessing Group Members' Strengths and Areas for Growth 211
Group Process Obstacles 213
Problems Encountered with Group Members 222
Summary 235
References 236

CHAPTER 7
TYPICAL ISSUES IN GROUP COUNSELING 237
Session Length 238
Structuring Group Process 239
Using Behavioral Change Contracts 248
Effective Use of Silence 254
Questions and Answers About Common Group Issues 258
Summary 276
References 276

CHAPTER 8
MAINTAINING A GROUP: PROCESS AND DEVELOPMENT 279
Exploring Group Cohesion 280
Stages of Group Development 282
Other Stage Theories and Concepts 288
Hill Interaction Matrix 291
Summary 295
References 295

CHAPTER 9
TERMINATION, EVALUATION, AND FOLLOW-UP 297
Termination 297
Evaluating the Leader and the Group 304

Follow-Up Sessions 308
Summary 309
References 310

CHAPTER 10
GROUP COUNSELING WITH CHILDREN AND ADOLESCENTS 311

Group Counseling with Children 311
Group Counseling for Abused Children 324
Group Counseling for Children of Divorce 326
Group Counseling with Adolescents 327
Summary 335
References 336

CHAPTER 11
FILIAL THERAPY, FAMILIES, AND RELATIONSHIP GROUPS 339
Filial Therapy 339
Families 354
Relationship Groups for Couples 355
Summary 358
References 358

CHAPTER 12
GROUP COUNSELING WITH SPECIFIC POPULATIONS 361

Groups for Women 361
Older Adults 364
Self-Help and Support Groups 368
Personal Growth Groups 370
Chronic Diseases 376
Emotional Difficulties 384
Addictive Behaviors 386
Summary 394
References 394

APPENDICES 399

A. A Primer of Group Counseling Terminology 401
B. Association for Specialists in Group Work:
Professional Standards for the Training of Group Workers 415
C. Group Leader Competencies 431

INDEX 441

ABOUT THE AUTHORS 453

LIST OF FIGURES

3.1. Fully functioning, integrated, whole person 73
3.2. Schematic model for interpersonal skills 76
3.3. Stages of vertical change 97
5.1. Conceptualize steps in producing a growth or learning climate 174
6.1. Self-assessment scale 214
8.1. The Hill interaction matrix 292

LIST OF TABLES

1.1. Types of growth groups 10
1.2. Distinguishing among kinds of groups in guidance, counseling, and psychotherapy 18
3.1. Scale to evaluate overall helping effectiveness 78
3.2. Surface and deep values 93
3.3. A deep values grid 96
5.1. Procedural group rules and guidelines 166
8.1. Six-phase theory of group development 288
9.1. Group member evaluation of facilitator 307

PREFACE TO THIRD EDITION

ATTRIBUTES OF THIS BOOK

Following, listed in concise, summary form, are what we consider to be some of the singular attributes of this book in that it presents:

a thorough discussion of the rationale for using group counseling with emphasis on the group providing a preventive environment, a setting for self-discovery, and an opportunity to redefine self and develop interpersonal awareness.

an insightful look into the personalities of the authors as manifested in their differing approaches to the development of a theoretical approach to working with groups.

practical suggestions on the skills needed for effective facilitation of groups.

an examination of the group facilitator's internal frame of reference and the overcoming of initial group leader anxiety.

a rare look at Carl Rogers' personal feelings about group members as shared by Rogers.

detailed guidelines for forming a counseling group and accomplishing the difficult task of facilitating the early stages of development with emphasis on encouraging interaction and member responsibility.

an exploration of typical problems in the developing group process with suggested solutions that facilitate group cohesiveness.

a description of frequently encountered issues in group counseling related to structuring and an analysis of the practical application of structuring.

a thorough exploration of potential problems related to termination of a counseling group with recommended procedures for termination, evaluation, and follow-up.

an insightful and practical examination of the application of group counseling procedures with children, adolescents, adults, and the elderly.

topical presentation of group counseling with abused children, juvenile offenders, and individuals with chronic diseases, emotional difficulties, and addictive behaviors.

SIGNIFICANT AREAS COVERED

In addition to the specific strengths listed above, this third edition of *Group Counseling: Concepts and Procedures* provides graduate students and practitioners meaningful material in the following significant areas, which contribute to the uniqueness of this third edition and help to make it a very user-friendly text:

a detailed chronology of important dates and events in the area of group work.

expanded coverage of major theoretical approaches as applied to group counseling, complete with session excerpts to illustrate the various flavors of each approach.

a unique discussion of deep values in group counseling by Donald Beck, Ph.D., including definition and application issues.

a closer examination of ethical issues in group counseling, including new commentary on the timely topics of confidentiality and dual relationships.

a comprehensive group protocol that offers an inside look into the statement-by-statement interaction of a group, with author comments to alert the reader to important group process moments.

an updated children and adolescent section and an in-depth look at filial therapy, an innovative parenting group approach.

a helpful glossary of group counseling terminology that provides both beginning and advanced practitioners with a quick reference source for important terms.

Robert C. Berg
Garry L. Landreth
Kevin A. Fall

PREFACE TO SECOND EDITION

We continue to believe that groups offer a unique format for interpersonal exploration and growth and that the "success" of the group is most likely related to the skill and competency level of the group leader. Through our years of teaching, practice, supervision, joint lectures, and group demonstrations we have attempted to discuss and evaluate group methods, theories, and procedures—always with a profound respect and fascination with the powerful intervention that we call group. We hope that our own development as group facilitators is reflected in this present volume as we attempt to address and share some of the topics that continue to grow out of our personal observations and research.

The purpose of this book is to provide encouragement to the beginning group counselor, to furnish support for the efforts of the practicing group facilitator, and hopefully, to contribute to the stimulation of both through the presentation of ideas and practices that we have found helpful in our work with groups in a number of different settings. The potential group leader should find this book especially helpful when initiating a counseling group as well as anticipating some of the practical group problems that can be anticipated throughout the working life and ending stages of the group.

Our intention is for this text to serve as a primary resource in traditional courses in group counseling. In addition, we feel that this book can be used as a method of acquainting the reader with group counseling concepts and procedures in survey courses for human service providers in the fields of counseling, psychology, social work, rehabilitation, and sociology. The social impact of group work has become increasingly apparent as we move toward the 21st century. Professional practitioners in educational settings and the many community social agencies will need to extend and validate their knowledge, skills, and competencies as experts in the application of group dynamics in their work.

In many ways this is a very personal book in that we have insisted upon maintaining contact with the direct clinical aspects of group work rather than simply treating it as a theoretical intervention system. We continue to do groups as well as to teach and speculate about them. As such, our intent has been to present more than a cookbook or how-to manual, but rather a sharing of some of our deeply held convictions and personal experiences that have helped shape us not only as group leaders but as persons. It is our firmly held belief that those two things are virtually inseparable.

James Muro's remarks about group counseling in the first edition of this text are still pertinent. Because questions he raised about the field of group counseling have been an impetus for exploration in the current text, we have chosen to include his original remarks at this time:

> While numerous authors have attempted to define group counseling in contrast to the more clearly established procedures labeled group guidance and group therapy. These attempts, though well meaning, generally have neither provided the clarity nor delineated the competencies that are required of a professional group counselor. Certainly this gap is not because of lack of interest. Interest alone, however, does not provide the counselor/educator or practicing counselor with

answers to the basic questions that are essential for complete professionalization.

Why, for example, should a process so personal and intimate as counseling be conducted in a group meeting? How does one delineate the thin line between group counseling and group therapy? How can the consumers of this process, the children and adults of our nation, have faith in what counselors profess when the counselors themselves are ill-prepared to provide evidence that the graduates of training programs are competent to deal with the sensitive issues that arise in the world of small group life? What must group counselors do? What must they know? Who should they be?

This book by Robert C. Berg and Garry L. Landreth attempts to address some of the areas that are neglected or ignored in many of the widely utilized books on group counseling. Berg and Landreth have elected to provide the reader with essential topics that are of concern to all group counselors regardless of philosophical orientation. This book is a needed and valuable resource in professional counseling literature.

Readers of this book are provided with responses to the basic concerns of the group counseling process. The "why" of group counseling is explored and defended in understandable, humanistic terms. One can initiate a personal philosophy of group counseling from this overview. Philosophical considerations, however, represent only the tip of the group counseling iceberg. Readers, once oriented, can follow a developmental program of skills necessary to become active group leaders. The dynamics of groups are outlined clearly and the mechanics of organizing and maintaining a group are presented. Berg and Landreth also share with the leader the potential trauma and rewards of an initial group meeting.

ACKNOWLEDGMENTS

We would like to acknowledge with our thanks the following editors, authors, and publishers for permitting us to quote from their materials in this book: the American Counseling Association for Specialists in Group Work, "Group Counseling" and "Interpersonal Skills Development" in *Encyclopedia of Psychology* (1984) [Raymond J. Corsini (Ed.), John Wiley and Sons], Brooks/Cole Publishing Company, and Basic Books, Inc.

Additionally, we extend our thanks to the editors of the following journals for their permission to reproduce sections of articles we have personally authored, including: "Dynamics of Group Discussion" (1973) *The Clearing House*, 48(2), 127–128, a publication of the Helen Dwight Reid Educational Foundation; "Getting a Counseling Group Started," "Facilitating Responsibility in Group Counseling," "Maintaining a Group: Process and Problems," and "Varied Time as a Factor in the Preventive Role of Group Leader Anxiety: Skills Plus Experience," *The Personal and Guidance Journal;* "Encountering Carl Rogers: His Views on Facilitating Groups," *Journal of Counseling and Development;* "Group Counseling: To

Structure or Not to Structure," *The School Counselor;* "Group Silence in Counseling Groups Has Meaning," *Journal for Specialists in Group Work;* "The Experimental Component in the Training of Group Counselors," *Michigan Personnel and Guidance Journal;* and "Using Behavioral Change Contracts in Group Counseling," *The Wisconsin Counselor.*

On a more personal level, we wish to extend our heartiest thanks to our graduate students, who have been a continuing source of assistance to us in stimulating our thinking along fresh avenues. Specifically, we want to mention and acknowledge the supportive and intellectual help offered by Dr. Dennis King, Dr. Jeff Chernin, and Anne Schanz.

Finally, most of the "emergencies" we encountered while preparing this text were handled in a most professional and efficient manner by our administrative assistants Mark Singer and Kristen Hensley. Their help was invaluable.

CHAPTER 1

RATIONALE AND HISTORY OF GROUP COUNSELING

> *Democracy cannot survive where there is such uniformity that everyone wears exactly the same intellectual uniform or point of view. Democracy implies diversity of outlook, a variety of points of view on politics, economics, and world affairs. Hence the educational ideal is not uniformity but unity, for unity allows diversity of points of view regarding the good means to a good end.*
>
> Fulton J. Sheen, *The Wit and Wisdom of Bishop Fulton J. Sheen*, 1968

Group procedures in counseling and guidance have long been considered and used by counselors as an expedient method for meeting the needs of increasing counselee loads. Although efficiency in terms of saving counselor time often has been considered a major attraction of group counseling, research has shown that the use of groups for guidance and counseling functions provides advantages other than expediency. Group counseling programs can provide individuals with the kinds of group experiences that help them learn to function effectively, to develop tolerance to stress and anxiety, and to find satisfaction in working and living with others (Corey & Corey, 1992; Ohlsen, Horne, & Lawe, 1988).

What advantages within the group experience are possible for members? What are the unique features and values of the experience? Logically, the rationale for group counseling should be understood clearly before counselors attempt this approach. Counselors are unlikely to be very effective if they do not understand the process that they are attempting to facilitate. Group counseling *is* a unique and valuable experience for group members.

PREVENTIVE ENVIRONMENT

Taxed by large counselee loads and faced with escalating demands upon their time and talents, counselors must continually evaluate their present methods of meeting these increasing demands and must launch out to investigate and appraise new approaches. As counseling programs expand, counselors will have to become innovators in order to cope with these increasing demands. Adoption or incorporation of a new approach, however, is never justified simply on the basis of expediency.

Most counselors in an educational setting concentrate on students who seek assistance *after* they have developed emotional or academic difficulties. Emotional or adjustment problems predispose many students to develop maladaptive study habits and poor attitudes toward academic work which, in turn, lead to lack of achievement, rejection of teacher authority, and often rejection of authority in society. Such students often leave school (drop out) with a predisposition to be hyperresistant; they tend to react to the offerings of society with a mental set characterized by rejection.

Counseling should be preventive and developmental with an emphasis on therapeutic prevention of emotional or adjustment problems in students. The prevention of maladaptive academic habits and attitudes which may stem from such problems would enable more students to attain the educational experiences necessary in order for them to make the positive contributions to self and society of which they are capable.

The trend toward the application of group counseling procedures in meeting the needs of individuals is likely to grow, stimulated by greater acceptance of this preventive approach to problems encountered and by increased recognition of the effectiveness of group counseling. Sufficient research and experience with group counseling procedures has accumulated to support the use of this approach as a part of the process of helping individuals to grow. As a result of extensive research and experience in group counseling, Rogers (1969) and Ellis (1969) have suggested that group counseling is more helpful to most people than is individual counseling, and Gazda (1989) proposed that group counseling is the preferred mode of treatment for many individuals.

OPPORTUNITY FOR SELF-DISCOVERY

> When Man is placed within the context of a group, he cannot continue to rely only upon himself for a view of himself. Through the process of group interaction he comes in contact with the group's perception of what he is or what he purports to be. Thus, it is within the context of the group that Man gains a greater self awareness. He is confronted with the perceptions of others rather than relying solely upon a subjective perception of himself. The catalytic nature of the group's reaction brings Man to consider other perceptions of himself as well.
>
> It is only in light of this more refined awareness of self, provided by group interaction, that Man is able to gain a more complete awareness of his substance; and it is this more enriched concept of himself that enables Man to release his full positive potential to society. (Cohn, 1967, p. 1)

Inherent in the preceding statement is the theory of an adequate self-concept and the significance of the group to individuals and their self-awareness. Utilizing the advantages provided by the group, group counseling provides an accepting climate in which members can test new and improved ways of behaving. The process facilitates each member in discovering a new self and in revealing it to others.

The implications of this discussion for the educational situation, as well as others, can be seen when one recognizes that individuals behave in terms of the self-concepts they possess. Even an individual's levels of aspiration are a function of the kinds of self concepts he or she holds.

As early as 1945, Lecky pointed out that children who are not considered bright by their parents and who have, therefore, come to see themselves as stupid or incapable of learning, hold to this concept when they go to school. A given phenomenal self perpetuates itself by permitting only such perceptions as are consistent with its already existing structure. Rogers (1967) said in effect that the fundamental urge underlying all behavior was the need to preserve and enhance the phenomenal self. A tendency exists for individuals to regard themselves in certain fairly consistent ways and to behave in such ways as will maintain their view of themselves.

Group counseling provides the individual with an opportunity to explore behavior patterns that may be the result of a limiting self-concept. We are faced with a situation in which few counseling programs have the development of positive self-concepts as one of their major functions. Since every individual experiences personal problems, group counseling can be utilized as a developmental approach for all students, not just problem cases.

DISCOVERING OTHERS

For those individuals who are threatened by a one-to-one counseling relationship, the group provides a degree of anonymity and the individual within the group feels less conspicuous and "on the spot." When group members feel threatened, they may withdraw verbally from the interaction and still be very much involved in the group through the experience of other members. Thus, their withdrawal is not complete.

Whether verbally active or inactive, group members discover that their problems are not unique and begin to feel less different, unwanted, and alone. They begin to relax and to be less defensive as they perceive themselves to be less isolated. The most terrifying part of working through developmental problems is the feeling of isolation and loneliness that comes from the delusion that no one else has ever experienced the same difficulties. This feeling is especially true among adolescents. However, when individuals discover through the process of group interaction that other members also have problems, a feeling of empathy and belonging begins to develop, even if the problems shared are different.

Realizing that personal problems are common is a process that helps group members to admit their own problems to full awareness and to deal with them in the context of a caring relationship. Thus members' problems are no longer unique, and they discover that others also have problems.

REDEFINING SELF

Individuals function most of their lives within groups. Against this background of interaction with others, one's self-concept is formed and many times distorted. This distorted perception of self and self in relation to others often occurs in the dynamics of the family group relationship. Seemingly then, the most effective place for dealing with adjustment difficulties is within a relationship that incorporates the basic structure which originally created the difficulty.

Through the process of the group counseling relationship, the group member discovers the meaning of giving and receiving emotional support and understanding in a different and more positive sort of way. Perception of self is then redefined in a context similar to that which initially resulted in the distortion.

Pistole (1997) outlined working through such distortions from an attachment theory perspective. Bowlby (1988) postulated that individuals' primary attachment behavior is mediated through a "working model" which is constructed between parent and child. The goal of group counseling then becomes to help clarify each member's attachment behavior and the distortions involved. The primary benefit of group counseling is the feedback from multiple sources and the opportunity to modify one's working model and form different, more healthy, or secure attachments (Pistole, 1997).

DEVELOPING INTERPERSONAL AWARENESS

Most problems are basically social and interpersonal in nature. Within the group counseling relationship, members can identify with others and develop understanding into their own difficulties by observing the behavior of others. The group provides an immediate opportunity for discovering new and more satisfying ways of relating to people. When individuals begin to feel safe, understood, and accepted, they will attempt social contact at greater feeling-oriented levels and in effect will try new behaviors. Group members are then confronted with interpersonal relationships which provide feedback. Through this experience, individuals recognize and experience the possibility of change.

Immediate opportunity is thus afforded group members to test the effectiveness of their ability to relate to people and to improve their skills in interpersonal relationships. For some individuals, having peer group members present has a facilitating effect on their social behavior. To see and hear another person extending himself or herself openly in an attempt to better understand self may encourage the cautious member to attempt similar behavior. When one person talks openly and honestly about feelings and attitudes denied in other social situations, the effect upon others may be contagious (Ohlsen et al., 1988). In a group counseling relationship, feelings and attitudes about self and others are examined in an immediate situation as the group brings into focus the individual's adequacy or inadequacy for social and interpersonal skills.

REALITY TESTING LABORATORY

The group itself provides an immediate, first-hand opportunity for the group members to change their perceptions and to practice more mature social living. Since emotional difficulties and maladaptive behaviors that are not physiologically based often result from disturbances in interpersonal relationships, the group offers the most appropriate situation for their correction by providing an opportunity for reality testing.

Each member in a group counseling relationship is provided with multiple stimuli to work through problems or difficulties in a situation which more closely approximates the real-life situation. Yalom (1995) referred to the group as a matrix for reality. The group represents immediate social reality and enables members to test their behavior. In effect, the group serves as a practice field in which members may become aware of their own feelings, how they feel and act toward others, and how others perceive and act toward them.

Group structure within a group counseling relationship becomes an extremely flexible reality-testing base. In the larger society, individuals encounter rather rigid and fixed structural demands which are inhibiting factors in their striving for self-discovery and change. The flexibility experienced in the counseling group, which can be viewed as an immediate minisociety, is a freeing agent to individuals, providing an opportunity to experiment in their own way with reality as perceived by them. This exploring behavior is fostered by the absence of anxiety resulting from fear of punishment.

EXPERIENCING SIGNIFICANT RELATIONSHIPS

In our society, children learn at an early age that to withhold, repress, and deny awareness of feelings and emotions are considered appropriate behaviors. Consequently, children do not know "how" to deal with their own feelings, to express themselves in a feeling/caring sort of way, or to respond to others out of the depth of their emotions. Within the safety of the group, the individual, in the process of becoming less defensive, begins to experience fully, at an emotional level, another person, initially the counselor, who exhibits a kind of helping behavior unlike that which the individual has previously encountered.

Behavioral group counselors contend that the group process intensifies the principles of learning by providing a greater variety of models within the group and increased opportunities for reinforcement. Membership in the group is viewed as a powerful reinforcing agency. "The simulation of social reality and social environment created by a group can be systematically controlled and manipulated to bring about . . . learning or change in behavior. . . " (Varenhorst, 1969, p. 131).

The significant relationships that develop within the group are the basic contributors to behavioral change. Group members come to function not just as counselees but as a combination of counselees at times in the sessions and at other times as helpers or therapists. Through the process of this experience, group members seem to learn to be better helpers or member-therapists. Although members may absorb some of the leader's attitudes and thus learn from the leader, helping behavior can emerge only after group members have made progress themselves in counseling. Therefore, giving help is basically within the person and not external to the individual.

A general agreement is that in a group counseling relationship, group members learn to give as well as receive help. Experiencing the reality of being helpful to another person is especially growth promoting to an individual who has felt worthless and rejected.

DYNAMIC PRESSURE FOR GROWTH

In the group counseling relationship a compulsion to improve is present. This drive toward sanity and health is so strong that groups "push" members toward normalcy. Group pressure to change or improve can be viewed as originating in the verbal interaction with other members which helps to reveal to members the inadequacies in their self-image and the distortions in their views of others. Within this pressured system, group members are often able to observe other members' behaviors and give feedback and thus, encourage others to comment on their behavior. The feedback system provides impetus for growth. This pressure to move forward in a positive direction is a creative force that encourages members to move away from defensiveness and rationalization toward specific personal sharing that is for many members a new way of being.

SUPPORTIVE ENVIRONMENT

As group members assist in the helping relationship, they realize the worth of human relations and feel less helpless and defensive. Experiencing the reality of being understood by others reduces barriers, and defense mechanisms become less acute. Group members are then encouraged to deal with their problems because they feel accepted and supported by the group. This process of being understood and accepted by others as a worthy person results in the group member beginning to view himself or herself in a more positive way, to perceive self as being worthwhile and acceptable. This change in self-image results in more positive kinds of behavior.

Experiences of trusting and being trusted can be extremely effective in meeting the needs of alienated individuals whose fears of our manipulative society have forced them to withdraw or to adopt maladaptive behavior patterns. The group provides an anchor to reality, and a feedback system through which group members learn that different people will react to them in different ways (Stockton, Morran, & Harris, 1991).

Giving and receiving of acceptance, assurance, and support from others within the group are therapeutic. Bonds of common concern are developed and members begin to develop a positive interest in the growth and well-being of others. This can be a very powerful and significant force in the lives of individuals who have been preoccupied with themselves.

TYPES OF GROWTH GROUPS

Although the rationale for working with people in a group setting may be somewhat similar across the variety of group approaches and modalities, different types of groups differ with respect to goals, time orientation, setting, role of the facilitator, and

TABLE 1.1
Types of Growth Groups

Dimension	Group Type				
	Training	**Encounter**	**Marathon**	**Therapy**	**Counseling**
Goals	To develop awareness and skill building	To develop awareness and genuineness	To break defenses	To increase coping	To develop effective planning skills
Time orientation	Here and now	Here and now, plus	Here and now, plus	Past and present	Present and future
Setting	Education, business	All over	All over	Clinical	Educational
Role of facilitator	Model and scan	Model and confront	Confront aggressively	Treat	Facilitate group helpfulness
Clientele	"Normals"	Anyone	Anyone	Persons deficient in coping	"Normals"

group membership. Table 1.1, Types of Growth Groups (Pfeiffer & Jones, 1972, p. 146), presents a simplified description of the characteristics of training, encounter, marathon, and therapy counseling groups on these dimensions.

In addition to the similarities noted in Table 1.1, growth groups are also characterized by spontaneous interpersonal and intrapersonal interaction, freedom of expression, the development of trust in the group, fairly intense interaction, and emphasis on some kind of feedback. These groups also encourage creative use of self and an opportunity for members to truly be themselves in the group.

LIMITATIONS OF GROUP COUNSELING

Although group counseling has many inherent advantages and is often the preferred mode of counseling, the beginning group facilitator should be aware of the natural limitations to the effectiveness of counseling groups. Every person does not feel safe in a group and consequently certain individuals may not be ready to invest emotionally in the group experience. To think that everyone will profit from group counseling would be a mistake. Some individuals just naturally feel more comfortable and safe in one-to-one relationships and will readily explore very personal issues they would be most reluctant to even mention in a group. Other individuals may be too angry or hostile to benefit from the therapeutic factors in a group.

Age also must be considered to be a limitation in that wide age ranges usually should be avoided when determining group composition, especially for groups involving children and teenagers. Children below age five usually do not possess the social and interactive skills necessary for most typical counseling groups to be effective. Even the most experienced play therapist often finds working with this age group in group play therapy to be a very trying experience.

Some individuals may use counseling groups as a place to hide. They go from emotional high to emotional high in various groups and seem to not be able to generate openness and emotional intensity outside the group in day-to-day relationships involving spouse, children, friends, or working relationships. They experience being cared for and appreciated in the group and instead of transferring such experiences outside the group, they seek out other groups and begin the process again. For such individuals, the group is primarily a place to ventilate with no real focus on change or growth.

A particular type of counseling group may be appropriate for one person but not for another. Potential members who may not be ready for or suited to groups are those who show extremes in behavior that will sap the group's energy and interfere with forming close emotional relationships. Individuals who are verbal monopolizers, sociopaths, overly aggressive, extremely hostile, or narcissistic should probably be placed in individual counseling. Individuals who are out of touch with reality are not likely to benefit from counseling groups.

BASIC ELEMENTS OF GROUP FACILITATION

The basic principles of a group discussion approach are essential in conducting counseling groups. The extent to which the group facilitator is sensitive to the needs of group members will be reflected in what the facilitator does to help members achieve a place of esteem for themselves in the group. Individuals value themselves more when they are responded to in ways which grant responsibility, convey respect for the person, and a valuing of potential contributions. Whether the topic or focus of the group is content or feelings or both, a group discussion format allows individuals to experience the power of their own unique contributions in the peer relationship.

Individuals learn best when they become involved as participating and contributing members to the group. The question for the facilitator of the group then is, "How can I help and encourage members to participate in the discussion?" Too often, members do not express their thoughts and questions simply because they are not encouraged to do so. If the topic selected by the facilitator or the group is to have personal meaning to the members, they must be encouraged to interact with the discussion or material and helped to make a practical application to their own personal world.

The key to this approach is the utilization of personally focused questions or reflections by the facilitator that help members of the group to relate points brought out in the discussion to themselves. If what is being discussed and a responsive, responsible way of life are to become relevant to members, they must be assisted in their struggle to explore their own personal world rather than a hurry up approach with *the* answers supplied by the leader. Questions or reflections that help group members to explore and to derive new meanings also help them to learn how to explore critically when they are outside the group. For the majority of members, the process of learning how to do something for themselves may be just as important as learning what the answers are supposed to be.

Contrary to popular opinion, most individuals are seeking a better understanding of themselves. When allowed to express their concerns, they reveal a desire to understand their own beliefs and attitudes. Understanding, however, isn't something that can be given. Understanding results from the individual's own unique struggle to discover, to derive meaning.

How, though, can the facilitator know what the members of the group need to know or about what they are puzzled? The answer to these questions will emerge, and the dynamics of a discussion approach will be facilitated by helping individuals to fulfill the following seven needs as group members.

Each Member Needs to Feel Important and Worthwhile

The facilitator can help by making certain everyone gets a chance to talk, to state ideas, and to be heard. Some members can be helped to participate by calling on them when they look as though they would like to talk but have not, or when other members keep interrupting or will not let the member "get in." The important action is for the facilitator to show interest in each member. Each member's contribution deserves equal consideration. The facilitator might respond to these situations by saying, "Norma, you seem to be thinking about something; could you share it with us?" Or "Bob has something to say but he keeps getting cut off. Let's give everyone a chance."

Each Member Needs to Experience a Sense of Belonging and Acceptance

No place exists for "favorites" in group counseling. Each member wants to be wanted. The facilitator should avoid depending on certain members for answers or suggestions. Each member wants to feel needed. The facilitator can help by showing genuine interest in what each member has to say. Members know they belong when others show they are wanted in the group.

Each Member Needs to Feel Understood

The facilitator can help by restating or repeating what a member or several members have said when the group seems to be confused. Understanding another person implies that you give that person your full attention and listen so carefully that you can restate what that person has said to his or her satisfaction. Listen with the speaker and try to understand how he or she "sees" the problem or situation. Even when the facilitator does not understand completely, it is helpful to try to restate as much as possible so the speaker can fill in the gaps. Another approach would be to ask another member to explain what he or she thinks the speaker has said. Through observing the facilitator, other group members can learn how to listen, to understand, and to let the speaker know they understand. We only know someone understands us when they communicate their understanding to us. Therefore, a rule of thumb for the group might be that a member who speaks is always responded to by someone in the group.

Each Member Needs to Understand the Purpose of the Group or Topic of Discussion

The facilitator's role is to help group members to understand "what we are here for." The facilitator can help members to understand more fully by asking them to state what they think is the purpose of the group. The facilitator could ask, "What do you think the purpose of the discussion is for us?" "How could learning more about this be helpful to you?" Wait for responses to such questions. At times the facilitator may need to call on a member who has not spoken. However, for everyone to participate verbally during each session is not necessary. As members hear other's ideas, new purposes that they had not thought of begin to emerge.

Each Member Needs to Share in the Decision Making of the Group

What the group does should involve every member in some way. Sometimes the group may need the facilitator's help in resisting one or two members who try to push their ideas and force the group to agree with them. In such situations the facilitator can help by saying, "Marilyn, you and Beth are pushing hard to get the group to agree with you, but some members don't really seem eager to do so. How do the rest of you feel about this?"

Each Member Needs to Feel That the Group or Topic Will Be Helpful—That It Is Worth the Effort

The facilitator can help by asking members to tell the person on their right one specific way in which they think the group or topic could help that person or something they think would be helpful for that person to learn about self. The idea is to help each other to discover something worthwhile in the experience.

Each Member Should Be Able to See the Face of Other Members

An effective group discussion cannot be carried on if everyone is seated in rows. Arrange the chairs in a circle. Allowing people to face each other is psychologically conducive to interpersonal interaction and is, therefore, basic to the group discussion approach. Such an arrangement stimulates participants to communicate with other members of the group and not just to the authority figure at the front of the room.

HISTORY OF GROUP COUNSELING

Throughout this text, the authors take the position that group counseling is a unique intervention system that differs significantly from those procedures that can be described as guidance and those therapy processes commonly referred to as psychotherapy. Much of the difficulty in clearly delineating the functions of these processes stems from the fact that considerable overlap exists in training of group leaders, methodologies employed, and client population served.

Another problem is that during the process of professionalization within the fields of guidance, counseling, and psychotherapy, the terms—particularly among lay persons—have been used somewhat interchangeably. Added to this problem has been a plethora of popular literature appearing regularly in widely read national weeklies concerning all kinds of groups, hence one readily can see the possibilities for misinformation. Condensed "quicky" versions of various therapeutic intervention systems that focus mainly upon "therapies" that range from highly experimental to bizarre are presented to the lay public often accompanied by visual reinforcers in the standard three-column synopsis.

More or less on a regular basis through the media the public is treated to nude therapy groups, E.S.T., sensitivity training (a generic term covering the widest range of activities from offensive nonsense to well-planned, systematic self-awareness laboratories), and primal screams. The height of this cultural grab for instant intimacy caused many practitioners and clients to view group therapy with a suspicious eye.

Major professional organizations are continuing in their attempts to define, delineate, and professionalize the counseling/therapeutic functions. The American Counseling Association (ACA), the American Psychological Association (APA), and the Association for Specialists in Group Work (ASGW) have position papers and ethical guidelines that address the many problems of small group work.

1989 Revision of Guidelines for Group Leaders

On June 1, 1989, the Executive Board of the ASGW approved the 1989 revision of ethical guidelines for group leaders.

These standards are intended to complement ACA standards in the area of group work by clarifying the nature of ethical responsibility of the counselor in the group setting and by stimulating a greater concern for competent group leaders.

This document and the considerable strength represented by ASGW membership constitutes a major step forward in the professionalization of group work in the United States.

A common problem with professional organizations is, of course, the latent specter of "turfmanship" in carving out territoriality. A cautious eye needs to be kept on too rigid guidelines and rules lest they inhibit creativity and experimentation.

In an attempt to help clarify what we see as group counseling in a small group, we offer the following definition that has served us over the past several years:

> Group Counseling: a dynamic, inter- and intra-personal process whose content is generated out of the feelings and behavior of the individual group members. The leader is a professionally trained counselor who is capable of creating a climate of trust, openness, responsibility, and interdependency through the therapy processes of understanding, caring, and conflict management. The group is comprised of persons functioning within the normal ranges of adjustment who are seeking increased awareness of self and others so that they may better deal with developmental situations. (Berg & Johnson, 1971, p. x)

In "fine-tuning" professional discriminations regarding the differences between guidance, counseling, and psychotherapy in groups, the reader is asked to study Table 1.2 in which a graphic illustration of the differences and similarities involved in these three processes is presented.

TABLE 1.2
Distinguishing Among Kinds of Groups in Guidance, Counseling, and Psychotherapy

	Essentiall Preventive in Emphasis		Essentially Remedial in Emphasis
	Guidance	**Counseling**	**Psychotherapy**
Helper/ leader/ facilitator variable	1. Teacher/instructor 2. Counselor 3. Functional helper 4. Any person who has the necessary skills to deliver the program	1. Counselor/psychologists with specific training in group	1. Requires specially trained psychotherapist 2. Background and training population
Methodology variable	1. Instructional/didactic 2. Informational 3. Content oriented 4. Structured lecture, presentation, or discussion format	1. Groups range from structured training formats to low structure	1. Groups typically are low-structured 2. Focus is on group process and members' feelings
Helpee population (client/patient) variable	1. Most anyone can profit from guidance groups if the information is relevant and meets real or perceived needs.	1. Members fall within normal ranges of adjustment and ability to cope 2. May be mildly neurotic but typically are emotionally functional	1. Chronically neurotic and some psychotic members where substantial personality adjustments are required

Delineating clearly between functions on any one variable is difficult because of the overlap. The reader is asked to consider three variables—leader, methodology, and helpee or client population—in an attempt to discern degrees of similarity and difference. The guidance, counseling, psychotherapy continuum proceeds essentially from a preventive, proactive constellation of activities to increasingly more refined therapy functions that are primarily remedial or reconstructive in nature.

Early Influences

Group counseling typically is conducted with a small number of people, usually 7 to 10. The individuals in the group provide the subject matter for discussion by sharing their personal thoughts, feelings, and behavior. Group members are expected to be involved in the process by reacting to other members through feedback, support, and problem solving.

The leader usually has had special training in group counseling techniques and strives to create an atmosphere of trust, openness, responsibility, and interdependency. The leader typically models his or her behavior and guides group members through the processes of understanding, caring, and conflict management. The members function within relatively normal ranges of adjustment and seek increased awareness of themselves and others so as to better deal with developmental situations.

Differences between group counseling and group psychotherapy center on the composition of group membership, the degree of personality change expected, and the nature of the group leader's training. Methods and procedures used in counseling and therapy groups are quite similar.

Members of a counseling group can come from virtually any walk of life and typically fall within the normal ranges of adjustment and ability to cope with life situations. They join counseling groups to gain deeper personal insights and to develop their personal potentials. Therapy group members bring more severe personality problems to the group and may be mildly to chronically neurotic, with limited ability to deal with life problems. They usually require more intensive personal work in restructuring basic personality patterns.

Both counseling and therapy group leaders require special training in the conduct of groups. Counselors typically focus their training on normal life span development. Psychotherapists usually spend more training time with abnormal populations and in the study of psychopathology.

Group counseling owes its historical roots to the influence of group dynamics and to the more established procedures used in group guidance and group psychotherapy. The virtual explosion of counseling-related groups since the mid-1960s has caused professionals within the field to struggle with defining and professionalizing the concept of counseling people in groups. Some argue that intensely personal problems are better dealt with in individual counseling.

Nevertheless, groups are a natural phenomenon in human history. Forerunners of organized groups include various religious movements, drama, and morality plays. Some historians cite Mesmer's work as a precursor of group treatment. After reviewing numerous influences on the development of group work, Corsini (1957, p. 9) described group psychotherapy as "a conglomerate of methods and theories having diverse multiple origins in the past, resulting inevitably from social demands and developed in various forms by many persons."

Essentially Preventive in Emphasis/Essentially Remedial in Emphasis

Most, however, note the "class method" work of J. H. Pratt, a Boston physician, as the beginning of scientific group treatment in the United States. In 1905, Pratt used a directive-teaching methodology with his tubercular patients as he instructed them in hygiene. His original intention was to boost their morale through more effective cleanliness. The method more closely resembled what we think of as guidance today. It is doubtful whether Pratt fully understood the psychological impact of his group methods, particularly in the early stages. It soon became clear that his patients were deriving more benefit from the supportive atmosphere of the group than from the information imparted in the lectures.

Somewhat later, Alfred Adler and J. L. Moreno began using group methods in Europe. Adler would counsel children in front of a group, with the primary purpose of instructing other professionals in individual counseling. Again, the observation was made that, far from interfering, the group or audience, as they asked questions and interacted, had a positive impact on the counseling. This methodology continues to be used by present-day Adlerians with the dual purpose of teaching and counseling.

Before leaving Europe to practice in the United States, J. L. Moreno used group techniques with the street people of Vienna. He worked with children, displaced persons, and prostitutes as he found them in their environments. According to Gazda (1982, p.10), Moreno was "very likely the most colorful, controversial and influential person in the field of group psychotherapy . . . . Moreno introduced psychodrama into the United States in 1925; in 1931 he coined the term *group therapy* and in 1932, *group psychotherapy*."

Others who have had great influence on group therapy in the United States include S. R. Slavson who in the 1930s introduced methods later known as activity group therapy. His methods were developed with socially maladjusted children. Rudolf Dreikurs (1950) applied Adlerian principles in his work with family groups and children in Chicago. Carl Rogers (1951) and his client-centered or phenomenological approach helped popularize group work following World War II. A shortage of adequately trained personnel and a great need for reconstructive and supportive therapy accelerated the adaptation of Rogerian principles to group work with veterans.

The exact origins of group counseling are somewhat obscure, owing to influences of group psychotherapy and group dynamics. Furthermore, many of the early writers used the terms "guidance," "counseling," and "psychotherapy" interchangeably. R. D. Allen (1931) appears to have been the first person to use the term *group counseling* in print. Close inspection, however, indicates that the methods and procedures he described are what would be referred to as group guidance today.

While practitioners attempted to clarify the terms "group guidance" and "group counseling," considerable controversy raged during the late 1930s and 1940s. Noted practitioners like C. G. Wrenn and S. R. Slavson continued to argue that counseling was intimate and personal and should be done individually. With the proliferation of group counseling procedures during the 1960s and 1970s, the argument over terminology seems to be subsiding. The professionalization of school counselors and counselors in public agencies and private practice has added credibility and acceptability to group counseling procedures.

George and Dustin (1988) wrote about the influences of group dynamics and the NTL movement:

> In the mid 1940s, a training group in Bethel, Maine, devised a method to analyze its own behavior. The leaders of this group had worked with Kurt Lewin, a psychologist at the Massachusetts Institute of Technology who had developed the idea that training in human relations skills was an important, but overlooked, type of education in modern society. Forming shortly after Lewin's death, the group focused on experience-based learning, that is, analyzing, discussing, and trying to improve their own behavior in the group situation. Observing the nature of their interactions with others and the group process, participants believed, gave them a better understanding of their own way of functioning in a group, making them more competent in dealing with interpersonal relations. The warm, caring relationships that developed among the participants led to very deep personal change in individuals.
>
> As a result of these group experiences and the learning that resulted, those individuals organized the National Training Laboratories, which quickly became a model for training leaders in industry and education. The major impact of NTL was

> a new emphasis on the *process* by which a group operates, rather than on content. Group leaders placed far more importance on how something was said and the effects this had on other individuals than on the words themselves. Thus, participants in the group experience were not interested in learning content, but were focusing on *how* to learn, especially within the area of interpersonal relationships. (pp. 2–3)

In 1971, Gazda, Duncan, and Sisson conducted a survey of the membership of an interest group in group procedures of the American Personnel and Guidance Association (APGA). One of their purposes was to clarify the distinctions among various group procedures. Gazda (1982) summarized:

> Group guidance and certain human potential-type groups are described as primarily preventive in purpose; group counseling, T-groups, sensitivity groups, encounter groups . . . are described as partially preventive, growth engendering, and remedial in purpose; group psychotherapy is described as remedial in purpose. The clientele served, degree of disturbance of the clientele, setting of the treatment, goals of treatment, size of group, and length and duration of treatment are, accordingly, reflected in the emphasis or purpose of each of these three distinctly different groupings. (p. 23)

Finally, G. M. Gazda, J. A. Duncan, and K. E. Geoffroy founded the ASGW, a division of the APGA. In December 1973 Gazda was appointed its first president. Corey and Corey (1987) offered an explanation of group counseling that characterizes it as generally practiced at present:

> The counseling group usually focuses on a particular type of problem, which may be personal, educational, social, or vocational. It is often carried out in institutional settings, such as schools, college counseling centers, and community mental-health clinics and agencies. This type of group differs from a therapy group in that it deals with conscious problems, is not aimed at major personality changes, is generally oriented toward the resolution of specific and short-term issues, and is not concerned with treatment of the more severe psychological and behavioral disorders.

> Group counseling has both preventive and remedial aims. The group involves an interpersonal process that stresses conscious thoughts, feelings, and behavior. The focus of the group is often determined by the members, who are basically well-functioning individuals who do not require extensive personality reconstruction and whose problems relate to the developmental tasks of the life span or finding means to cope with stresses of a situational crisis. The group is characterized by a growth orientation, with an emphasis on discovering inner resources of personal strength and helping members to constructively deal with barriers preventing optimal development. The group provides the support and the challenge necessary for honest self-exploration.
>
> The group counselor's job is to structure the activities of the group, to see that a climate favorable to productive work is maintained, to facilitate member interaction, and to encourage the members to translate their insights into concrete action plans. To a large extent group leaders carry out this role by teaching the members to focus on the here and now and to establish personal goals that will provide direction for the group.
>
> Participants in group counseling often have problems of an interpersonal nature, which are ideally explored in a group context. Members are able to see a reenactment of their everyday problems unfold before them in the counseling group. The group is viewed as a microcosm of society, in that the membership is diverse. The group process provides a sample of reality, with the struggles people experience in the group situation resembling their conflicts in daily life. Members are encouraged to see themselves as others do through the process of receiving feedback. They have a chance to experience themselves as they did in their original family, reliving conflicts they had with significant people in their life. There is also the chance to practice new ways of behaving, for the empathy and support in a group help members identify what they want to change and how to change. Participants can learn to respect cultural and value differences and can discover that, on a deep level, they are more alike than different. Although their circumstances may differ, their pain and struggles are universal. (pp. 10–11)

SIGNIFICANT HISTORICAL DATES AND EVENTS

1905	*J. H. Pratt*–Massachusetts General Hospital in Boston. First formal therapeutic group experience with tubercular patients.
1907	*Jesse B. Davis*–Principal of Grand Rapids Michigan High School. One English class per week devoted to "Vocational and Moral Guidance." Probably the first group approach used in school guidance.
1908	*Vocational Bureau of Boston*–Opened in January with Frank Parsons as Director. After Parsons' death staff members began to see vocationally undecided persons in groups.
1910	*Sigmund Freud*–Introduced his theories through lectures at Clark University.
1910	*Clifford Beers*–Published *A Mind That Found Itself.*
1914	*J. L. Moreno*–Under the name of J. M. Levy, published a philosophical paper on group methods.
1918	*Progressive Education Association* established.
1918	*Army Alpha and Beta Tests* used with the military.
1921	Moreno formed the "Theatre of Spontaneity," which was the forerunner of psychodrama.
1922	*Alfred Adler*–Used *collective counseling* with prison and child guidance populations. Forerunner of group counseling.
1924	*F. Allport*–Social scientist involved in the investigation of small group phenomena.
1924	*K. Gordon*–Compared individual and small group performances.
1928	*G. Watson*–Compared individual and small group performances.

1927	*Hawthorne Study* begun, directed by Elton Mayo.
1931	*R. D. Allen*–Published "A group guidance curriculum in the senior high school." Education, 52, 189–194. First use of the term *group counseling* in the literature. He was referring to group guidance procedures. Group counseling did not emerge until the 1940s.
1931	Moreno introduced the term *group therapy*.
1932	Moreno introduced the term *group psychotherapy*. Moreno devised an early form of group treatment known as *psychodrama*. This paved the way for the emergence of group therapy and group counseling.
1935	*Trigant Burrow*–Psychoanalytic group analysis. Burrow focused on biological principles of group behavior, a process he labeled *psychoanalysis*.
1936	*Louis Wender*–Psychoanalytic group model.
1936	*Muzafer Sherif*–Sociological fieldwork studies.
1930s	*Alcoholics Anonymous (AA)*–First major self-help group.
1939	*Paul Schilder*–Psychoanalytic orientation. Focused on interaction between individual group members.
1940	*Kurt Lewin*–Influential founder and promoter of group dynamics. Field theory based on Gestalt principles of part/whole relationships.
1942	*American Society of Group Psychotherapy and Psychodrama (ASGPP)*–Established by Moreno.
1942	*Carl R. Rogers*–Published Counseling and Psychotherapy.
1943	*Samuel R. Slavson*–Established *American Group Psychotherapy Association*, a psychoanalytically oriented organization.

1946 Lewin organized an intergroup relations workshop in Connecticut that led to the formation of the National Training Laboratories in Bethel, ME. There originated the basic skills training (BST) group, which later evolved into the training group (T-group) movement.

1947 Moreno founded the journal *Sociatry*, which changed its name in 1949 to *Group Psychotherapy*.

1948 *Wilfred Bion*–Travistock Institute of Human Relations in Great Britain. Group dynamic focus on cohesiveness and forces that foster growth or regression in groups.

1949 Slavson founded the *International Journal of Group Psychotherapy.*

1950 *R. F. Bales*–Began looking at interaction process analysis and observed stereotypical roles emerging in groups.

1951 *John Bell*–Started conducting group therapy for families.

1951 *Rudolf Dreikurs*–Started working with parent groups.

1951 *American Personnel and Guidance Association* (now the American Counseling Association) was founded.

1954 In *Brown v. Board of Education*, U.S. Supreme Court rejected the "separate but equal" Plessy Doctrine.

1957 *Sputnik* space vehicle is launched in the Soviet Union.

1958 *National Defense Education Act* (NDEA) passed.

1958 *Nathan Ackerman, Gregory Bateson, and Virginia Satir* (1964)–Modified psychoanalytic group model for work with families.

1958 *Helen I. Driver–Counseling and Learning through Small Group Discussion*. First textbook published in the field of group work

1960	*Carl R. Rogers*–Most influential theorist who applied his person-centered techniques to groups and coined the term *basic encounter group* while working at the Center for the Study of Persons, in La Jolla, California.
1961	*Jack Gibb*–Looked at competitive versus cooperative behavior in groups.
1964	*Eric Berne*–Applied transactional analysis concepts to group work. *Published Principles of Group Treatment* (1966).
1967	*Fritz Perls*–Leader in human potential movement. Applied Gestalt theory in numerous workshops at the Esalen Institute on the coast of California.
1967	*William C. Schutz*–Human potential leader who stressed nonverbal touching, hugging, and experiencing in groups.
1967	*George Bach*–Conflict resolution through fair fighting. Along with *Fred Stoller* described the power and need for marathon groups.
1968	*George M. Gazda*–Assumed the leadership role for *Dwight Arnold* in creating an interest group through APGA specifically for practitioners interested in group work.
1970	*Jane Howard*–Wrote the book *Please Touch* chronicling her personal journey as a journalist through several of the most popular "sensitivity groups" of the period. Helped deflect some criticism of the encounter group movement but also emphasized the importance of professional leadership and member selection.
1970	*I. D. Yalom*–Based on his extensive clinical experience he posited 10 "curative factors" available in therapy groups.
1970	*Carl Rogers on Encounter Groups* is published.
1971	*I. L. Janus*–Coined term *group think* to demonstrate the power that groups can have on people to conform.

1971 *Yalom and M. Lieberman*–Studied encounter groups and found that aggressive, confrontive, distant leaders produced the most casualties in groups.

1971 *Robert R. Carkhuff*–Developed highly researched model called Systematic Human Resources Development/Training (HRD).

1973 *Association for Specialists in Group Work* was officially formed as a Division of APGA, now the American Counseling Association. With Gazda as the charter President the association was very active in promoting training standards and ethical guidelines for group leaders.

1980 *Ethical Guidelines for Group Leaders* adopted by ASGW.

1983 *Professional Standards for Training of Group Counselors* adopted by ASGW Executive Board on March 20.

1989 *Ethical Guidelines for Group Counselors* revised and expanded version adopted by ASGW.

CURRENT STATUS

Yalom (1995) addressed what he termed therapeutic factors that operate in every type of therapy group. These curative factors are divided into 10 primary categories. Historical influences from group guidance, dynamics, and psychotherapy can be observed in the various factors.

1. *Imparting of information.* Included in this function is didactic instruction by the counselor, as well as advice, suggestions, or direct guidance about life problems offered by either the counselor or other group members.
2. *Instillation of hope.* Pregroup high expectations for success, and hope and faith in the treatment mode, have been demonstrated to be related to positive outcomes in groups.

3. *Universality.* The participation in a group experience often teaches people that they are not alone or isolated with the "uniqueness" of their problems which are shared by others. This knowledge frequently produces a sense of relief.

4. *Altruism.* Group members help one another by offering support, suggestions, reassurance, and insights, and by sharing similar problems with one another. It is often important to group members' self-image that they begin to see themselves as capable of mutual help.

5. *The corrective recapitulation of the primary family group.* Groups resemble families in several significant ways. Many group members have had unsatisfactory experiences in their original families; the group offers an opportunity to work through and restructure important family relationships in a more encouraging environment.

6. *Development of socializing techniques.* Although methods may vary greatly with the type of group, from direct skill practice to incidental acquisition, social learning takes place in all groups. The development of basic social or interpersonal skills is a product of the group counseling process that is encouraged by member-to-member feedback.

7. *Initiative behavior.* A group member often observes the work of another member with similar problems. Through "vicarious" therapy the group member can incorporate or try out new behaviors suggested or modeled by the group leader or other members.

8. *Interpersonal learning.* Man is a social animal living in communities. The group functions as a social microcosm providing the necessary therapeutic factors to allow corrective emotional experiences. Group members, through validation and self-observation, become aware of their interpersonal behavior. The group, through feedback and encouragement, helps the member see maladaptive social/

interpersonal behavior and provides the primary supportive environment for change.

9. *Group cohesiveness.* Cohesiveness is defined as the attractiveness a group has for its members. More simply it is "we-ness," "groupness," or "togetherness." Cohesiveness in a group is analogous to the rapport or relationship between individual counselor and client. The acceptance and support demonstrated by the group, after a member has shared significant emotional experiences, can be a potent healing force.

10. *Catharsis.* The group provides members with safe place to ventilate their feelings rather than holding them inside. The process encourages learning how to express feelings toward the leader and other group members.

While these curative factors are cited by most authors as advantages for the use of groups as a treatment method, several risks and limitations are also involved. Groups are not "cure-alls" and not all people are suited for groups. Some potential members may be too suspicious, hostile, or fragile to gain benefits from a group experience. Additionally, a subtle pressure to conform to group norms often is present. Members sometimes unquestioningly accept group expectations for norms that they had acquired in the same way originally.

When a group member accepts the process of the group, the possibility of some psychological hazard also must be accepted. As members open up, they may become vulnerable. As this vulnerability is carried back to the significant people in their lives, adequate support resources must be present to cope effectively.

Absolute confidentiality is difficult to ensure; some members may talk outside the group about what they have heard. Also, scapegoating may occur, especially if the group leader is not effective in intervening when several members attack a particular person. When a number of members join a confronter in an unjustified attack, it can leave the victim feeling ravaged. Any intervention system as potent as a group can cause a major disruption in one's life. Changes can occur in life-style and values, and in loss of security. When old values and ways of behaving are challenged, major life-style disorganization can occur—at least temporarily. Potential group members should be aware of these risks and limitations.

Dies (1985) reviewed the literature on group work with an eye toward generating some hypotheses regarding future group work research directions. He pointed out that group research in the 1950s was primarily concerned with remedial and educational groups while addressing methodological issues. In the 1960s, the thrust was toward attempts to link group process to treatment outcome. This trend continued into the 1970s with the emergence of human potential groups, personal growth groups, and the treatment of children and adolescents.

In the 1980s, researchers continued to try to correlate such variables as curative factors, group stages, leadership style, and member roles to treatment outcomes. There was and is a recognition of the limitations posed by the lack of large scale, multivariate research designs and of the need for stronger collaboration between researchers and practitioners.

MAJOR THEORETICAL APPROACHES

Person-Centered

Established by Carl Rogers, person-centered group therapy can be characterized by the climate of the group as influenced by the leader. The counselor must be congruent and demonstrate the core conditions of empathy, genuineness, and unconditional positive regard toward the group members. If the leader can relate to the group within the three conditions, a climate of growth will be established which will enable the members to reach their own potentials.

The person-centered approach is unique in its nondirectiveness and emphasis on the climate in the group. Although Rogers (1967) recognized both leader and member variables which affect group work, focus is placed on the client. Rogers also emphasized that members provide the interaction, motivation, and direction of the group. To many practitioners, the person-centered group therapist is viewed as passive, but that would be incorrect. Despite the focus on the members' interaction, *the person-centered therapist must be actively listening and continuously connected with the group and self* to maintain the climate of growth and to stay congruent.

Rogers (1967) constructed a model of stages of group development specific to the person-centered approach. According to Rogers, these are developmental patterns that occur during the life of a normal group and appear roughly in the following order:

1. milling around;
2. resistance to personal expression or exploration;
3. description of past feeling;
4. expression of negative feelings;
5. expression and exploration of personally meaningful material;
6. expression of immediate interpersonal feelings in the group;
7. development of a healing capacity in the group;
8. self-acceptance;
9. the cracking of facades;
10. the individual receives feedback;
11. confrontation;
12. helping relationships outside the group sessions;
13. the basic encounter;

14. expression of positive feelings and closeness; and
15. behavior change.

In general, the leader will focus on maintaining a therapeutic climate by first providing and managing the core conditions within the leader's self. The resulting climate will foster the atmosphere of growth and change. The interaction below demonstrates a group interaction within a client-centered framework.

Therapist: I'm noticing that you seem upset and agitated today.

Mary: I just want to scream I am so frustrated! I don't get it!

Steven: I sensed you boiling in your seat for awhile now. If you want to scream, that's O.K.

Melissa: Yea, I mean, maybe if you let your anger out you would learn more about it. I would feel closer to you too. I'm not sure if closer is what you want though.

Wayne: I think what Melissa is saying, is that if you open up, you might find your role in the group.

Mary: It took a lot for me just to admit that I was frustrated. I was really scared you all would laugh at me or kick me out of the group. Expressing anger is new for me, but it is a part of me. Thanks for accepting that part of me.

Therapist: I sense that the whole group has experienced a little bit of the genuine Mary.

Gestalt

Developed by Fritz Perls (Perls, Hefferline, & Goodman, 1951), Gestalt therapy focuses on removing the blocks that prevent individuals from living effectively. Group sessions are directed by the therapist, and emphasis is placed on here-and-now interaction. Polster and Polster (1973) viewed the group leader as the creator, the catalyst for each member to begin to take responsibility for each personal choice. Gestalt therapists rely on content provided by the members to develop a theme within the group. The leader encourages each member to experience the moment as fully as possible and to get in touch and confront any unfinished business within the self. To aid the members in the experience, a variety of techniques and experiments are employed by the leader.

All of the experiments that are applied to individual clients can be adapted for group work. One of the benefits of group is that as the therapist works with one member to resolve unfinished business, other members may vicariously be helped by participating in the here-and-now experiencing and therefore, begin to work on their own unfinished business. Experiments such as language exercise, dream work, making the rounds, and the hot seat are all designed to get members to relate to self and others in the present and to take responsibility for what is, instead of what could or should be.

The following interaction illustrates the Gestalt emphasis on present behavior and experience, as well as the directive nature of the leader.

Therapist: Leo, I noticed when Mary was talking about her accomplishments you seemed uncomfortable. Even now as I speak to you, your hands are clenching.

Leo: I wasn't aware of that. I was just listening I guess (hands still clenching).

Therapist: Tell me, what are your hands trying to tell you right now. Let your hands talk to you.

Leo: They would say, "I am really uncomfortable. I can't say what I'm feeling, I'm all tight and squished up."

Therapist: O.K. Feel your lack of comfort. Let your hands clench and experience what you are trying not to say.

Leo: (Unclenches hands.) I can't believe she got the job. I hate women!! I feel cheated.

Therapist: Leo, stay with that feeling and go around the room and express to each member how you have felt uncomfortable in this group. Begin with "I'm uncomfortable because."

Adlerian

Based on the work of Alfred Adler (1956), individual psychology was best expressed in terms of group work by Dreikurs (1950). The Adlerian approach focuses on each member as a holistic, social creative being, whose every action has a purpose. Working with the individual's lifestyle, which is expressed through interactions in the group, the leader can monitor each member's behavior in the group and be able to get a clear picture of the purposes of the behavior. From an Adlerian perspective, the group acts as a social laboratory, and since all changes occur in a social context, the group is a perfect place to encourage behavior change.

Leaders can be free and spontaneous in their level of interaction within the group, with the overall goal of cultivating social interest in the group structure and individual members. Following the four stages of a) establishing a relationship, b) analysis, c) insight, and d) reorientation, the leader encourages members to use the social context of the group to explore the meaning of their behaviors and to attempt to modify selfish behaviors by utilizing more cooperation, and therefore expanding social interest.

The following segment expresses the leader's attempt to focus the group on the purpose behind the current group behavior by attending to one member and utilizing an early recollection.

Therapist: Kim, I notice that each time Jade gets emotional, you make a joke. Could it be that you are uncomfortable with her level of emotion?

Kim: I don't know.

David: I saw that too. You like to stay in your head. Like feelings hurt you.

Kim: They don't hurt me, but I do get uncomfortable when anyone gets too deep.

Therapist: You believe you will lose control and get pulled under if the group gets "too deep".

Kim: Yeah, exactly

Therapist: Kim, I wonder if you could remember the first time you felt overwhelmed by an intense emotion? Could you describe the time for the group?

Kim: I'm not sure if this is exactly what you mean, but when I was 4 (pauses), I was crying because I broke one of my favorite toys. My mom told me only babies cry. I felt stupid, but at the same time scared that I would never stop.

Therapist: What happened next?

Kim: My mom would not talk to me until I stopped, so I stopped. I don't remember crying much after that time.

Therapist: Your belief of "I mustn't cry or I am not wanted" has seemed to have been generalized to others. I wonder if you are trying to save Jade from the pain you felt?

Kim: Yea, maybe (looking down), but it's weird, I still like Jade even though she cried.

Therapist: Perhaps you have learned through her risk to express herself and you can now choose what you want to do with that insight.

Transactional Analysis

Formulated by Eric Berne (1964), transactional analysis groups focus on strengthening the adult ego state through structural, transactional, game, and script analysis. Of the four therapeutic processes described by Berne (1966), only the behavior of the group leader is specific to group treatment. The therapist is responsible for the makeup of the group and for promoting the primary objective of increasing adult-to-adult communication among the members. Leader participation varies, but the main role is to stay behind the internal boundary which separates leaders from member in order to observe the transactions and analysis and interrupt if the group gets stuck in a game.

The following excerpt demonstrates a therapist interrupting the group process to confront a game of "Kick Me" being played among the group.

Therapist: Bill and Ted, I'm wondering what has been transpiring with you and the group for the past 10 minutes.

Bill: The whole group is a bunch of wimps! Look at them!

Ted: Yea, I can't believe you can't see them doc. You must be as stupid as they are. (laughs)

Therapist: Bill, what are you feeling?

Bill: I'm angry! Duh!

Therapist: How did you feel when Carolyn called you a jerk for being so mean last time in group?

Bill: I felt like used gum! She deserved what she got today.

Therapist: Bill, it seems to me that you are communicating from your child. If you are mean, others will kick you, which then justifies you in being mean, which gets you kicked more.

Ted: Well at least people are talking to us now!

Therapist: Good point Ted. I wonder how your adult would like to ask for strokes from the group. Bill would you like to try with Carolyn?

Bill: O.K.

Rational-Emotive Behavioral Therapy

Rational-Emotive Behavioral Therapy REBT as created by Albert Ellis focuses on the irrational beliefs of the members. In a REBT group the leader confronts the members on their absolute and magical ways of thinking which are heard in statements containing "musts" and "shoulds." The leader is directive and focused, emphasizing acceptance of each member, but not including warmth as a necessary component of the relationship. The leader disputes the irrationality of each member's beliefs and teaches each member how to dispute them on their own, enlisting the help of the group in the disputation process. Ellis (1982) stated, "The goal of REBT group therapy is to . . . stop awfullizing, catastrophizing . . . about life's misfortunes and frustrations and to accept oneself and others as being fallible and human" (p. 288).

The protocol exemplifies the REBT use of disputation of irrational beliefs and the interaction among member during the process.

Rehf: I feel like such an idiot when I get turned down for a date.

Therapist: You're telling yourself, "I'm an awful person!", "I'm a total loser because I didn't get a date today!" Is that how it goes?

Rehf: Yeah, it sounds dumb. I know I shouldn't be like that.

Rita: You "shouldn't" be like that? Who did you get that from?

Rehf: Society, I guess

George: Well, I'm a part of society and I'm not saying that. I guess I'm a loser too for not getting a date last night! (Laughs.)

Trudy: Yeah, me too!

Rehf: No. Not you all! I guess I just feel like I'm worthless if I don't have a date.

Ben: What's the worst thing that could happen if you don't get anymore dates this month?

Rehf: I would be worthless . . .

Trudy: and . . .

Rehf: And no one would want to be around me, you people included.

Therapist: Great Rehf. We have something to test. Go around the group and tell each member that you don't have a date and ask them what they think and record their reactions.

Rehf: O.K.

Other Models

Other theoretical approaches that have gained some measure of acceptance, but that may be limited to certain distinct settings, include the *psychoanalytic model*, the *reality therapy model* developed by William Glasser, the *behavior therapy model*, the *development approach* credited to George M. Gazda, and an *eclectic human resource development model* developed by Robert R. Carkhuff.

In selecting a theory of group process, practitioners are encouraged to integrate the theory into their own personality and beliefs. Alignment with a particular theory should be based primarily on a congruence between the counselor's beliefs and the tenets of the theory and less on what is convenient or popular to practice. Although Kormanski (1991) discussed theory as applied to training groups, the article posed several questions that may be helpful to the group counselor attempting to integrate a theory:

> 1. Will the theory assist in achieving the desired purpose?
> 2. Does the theory fit the needs of the participants?
> 3. Am I familiar and comfortable with the theory?
> 4. Does the theory provide for flexibility? (p. 216)

SUMMARY

Group counseling offers the unique advantages of providing members with the opportunity to discover that their peers also have problems and to learn new ways of resolving problems by observing other members in the group deal with those problems and issues. Unlike individual counseling relationships, a group provides the individual the opportunity to give as well as to receive help. This can be a powerful therapeutic variable for individuals who have poor self-esteem. In the group they can discover they are capable of understanding, accepting, and helping their peers; that they can contribute to another person's life. In turn, members find that in spite of their faults, they are accepted for being unique. This process of understanding and acceptance frees members to express their own real feelings about themselves, about others, and about what they believe. Thus, members gradually begin to understand and accept themselves. The emerging trust in self and others facilitates the sharing of ideas and behaviors in a safe testing ground before applying those ideas and behaviors in relationships outside the group. Support within the group can be a powerful force and the impetus needed to resolve a given problem.

Because group guidance, counseling, and psychotherapy are unique intervention systems, a clear delineation among the various functions, leader qualifications, and client populations is needed to understand the appropriate strategies used in each modality. Viewing guidance, counseling, and psychotherapy on a continuum that begins with preventive measures advancing to more remedial inventions, leader training, methods, and the helpee population will each differ.

J. H. Pratt, a Boston physician, employed the "class method" in his work with tubercular patients and his work is generally cited as the beginning of scientific group treatment in the United States. European pioneers in group work such as Adler, Moreno, and Dreikurs found their methods adapted in the United States. The work of Rogers and Slavson, the impetus of the human potential movement, and the professionalization of group work through the efforts of people such as Ohlsen and Gazda helped define group work as it is known today. Rogers' *Client-Centered Model,* Perls' *Gestalt Model,* Adler's *Individual Psychology,* Berne's *Transactional Analysis,* and Ellis' *Rational-Emotive Behavioral Therapy Model* represent some of the major theoretical approaches used in group work.

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CHAPTER 2

OUR THEORIES OF GROUP COUNSELING

How can we live without our lives? How will we know it's us without our past? No. Leave it. Burn it. They sat and looked at it and burned it into their memories. How'll it be not to know what land's outside the door? How if you wake up in the night and know—and know *the willow tree's not there? Can you live without the willow tree? Well, no, you can't. The willow tree is you.*

John Steinbeck, *The Grapes of Wrath*, 1939

GARRY'S GROUP-CENTERED THEORY

The group-centered approach is a function of the facilitator's attitude toward self and each group member. It is both an acceptance of self and each group member and a deep, abiding belief in the capacity of each member to be responsible for self in the process of exercising self-direction resulting in more positive behaviors. This attitude of commitment to the group member is expressed by Hobbs (1964, p. 158) as "... putting aside tendencies to evaluate what is good and right for other people. It requires a respect for their integrity as individuals, for their right to the strength-giving act of making and living by their own choices. And it requires, perhaps above all, a confidence in the tremendous capacities of individuals to make choices that are both maturely satisfying to them and ultimately satisfactory to society." A significant objective, therefore, of the group facilitator is to help group members feel safe enough to change or not to change, for only when the person is free not to change will genuine change be possible.

A unique aspect of this group-centered approach is the belief that "man's behavior is exquisitely rational moving with subtle and ordered complexity toward the goals his organism is endeavoring to achieve" (Rogers, 1957, p. 202). Therefore, what a person knows, some intellectual knowledge, or some "important" information that the facilitator can provide is not what is important; how a person feels about self is what makes a significant difference in behavior. Each individual possesses a personal perceptual view of self and the world that is for him or her reality and thus provides a basis for functioning in the daily experiences in which the person finds self.

Personality Theory

The group-centered theory of personality development is based on three central concepts: (1) the person, (2) the phenomenal field, and (3) the self (Rogers, 1951). The person is all that an individual is: thoughts, behaviors, feelings, and physical being. The phenomenal field is everything the person experiences, whether or not at a conscious level. It is internal as well as external, and it forms the basis of internal reference for viewing life. Whatever the person perceives to be occurring is reality.

A basic proposition is that every person "exists in a continually changing world of experience of which he is the center" (Rogers, 1951, p. 483). As the person reacts to this changing world of experience, he or she does so as an organized whole so that a change in any one part results in changes in other parts. Therefore, a continuous dynamic intrapersonal interaction occurs in which the person, as a total system, is striving toward actualizing the self. This active process is toward becoming a more positively functioning person, toward enhancement of self, independence, and maturity as a person. The person's behavior in this process is goal directed in an effort to satisfy personal needs as experienced in one's phenomenal field which, for that person, constitutes reality. Personal needs, then, influence the person's perception of reality. Therefore, the person's perception of reality must be understood if the person and his or her behavior is to be understood. Thus, the facilitator avoids judging the person's behavior and works hard to try to understand the internal frame of reference of the person (Rogers, 1951).

The third central concept of the group-centered theory of personality development is the self. Through interactions with significant others in the environment and from the total phenomenal field, the person, as an infant, gradually begins to differentiate a portion as the self. According to Patterson (1974), the individual can only become a person and develop a self in a society or group. The self grows and changes as a result of continuing interaction with the phenomenal field. Rogers (1951) described the self structure as

> an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and the goals and ideals which are perceived as having positive or negative valence. It is, then, the organized picture, existing in awareness either as figure or ground, of the self and the self-in-relationship, together with the positive or negative values which are associated with those qualities and relationships, as they are perceived as existing in the past, present, or future. (p. 501)

Awareness of self ushers in the development of the need for positive regard from others. This need for positive regard is reciprocal in that as a person satisfies another person's need for positive regard, the person fulfills the same need. Satisfaction or frustration of the need for positive regard in association with self-experiences contribute to the development of a need for self-regard. This "sense of self-regard becomes a pervasive construct influencing the behavior of the whole organism and has a life of its own, independent of actual experiences of regard from others" (Meador & Rogers, 1984, p. 154).

Group-Centered View of Personality and Behavior

Rogers (1951) articulated 19 propositions regarding personality and behavior which provide a conceptual framework for understanding human behavior and motivation and reflect the philosophical core of group-centered counseling. These propositions summarized as follows describe a group-centered view of the person and behavior of the individual and provide a basis for relating to members in the group.

Every person exists in a continually changing world of experience of which that person is the center. The person reacts as an organized whole to this field as it is experienced and perceived, which for the person is reality. As the person develops and interacts with the environment, a portion of the person's total private world (perceptual field) gradually becomes recognized as "me" (differentiated as the self) and concepts are formed about self, the environment, and self in relation to the environment. The person has a basic tendency to strive to actualize, maintain, and enhance the experiencing self. The resulting behavior is basically the goal-directed emotionally influenced attempt of the person to satisfy his or her needs as experienced, in the field as perceived. Therefore, the best vantage point for understanding a person's behavior is from the internal frame of reference of the person.

Most of a person's behavior is consistent with the person's concept of self, and behaviors inconsistent with the self-concept are not owned. Psychological freedom or adjustment exists when the self-concept is congruent with all the person's experiences. When this is not the case, tension or maladjustment is experienced by the person. Experiences which are inconsistent with the self-concept may be perceived as a threat resulting in the person becoming behaviorally rigid in an effort to defend the existing self-concept. When there is a complete absence of any threat to the perception of self, the person is free to revise his or her self-concept to assimilate and include experiences previously inconsistent with the self-concept. The resulting well-integrated or positive self-concept enables the person to be more understanding of others and thus to have better interpersonal relationships (Rogers, 1951, pp. 483–524).

The Therapeutic Relationship

Before attempting to describe the therapeutic relationship, it is important to reiterate the group-centered philosophical position that there is an inherent tendency within each person to move in subtle directedness toward adjustment, mental health, developmental growth, independence, autonomy of personhood, and what can be generally described as self-actualization. It is the person's natural striving toward inner balance that takes him or her to where he or she needs to be.

Therefore, the focus of the group-centered counselor is on the inner self of the person, what the person is capable of becoming, not on the person's ways of being in the past. In this approach, the person and not the problem is the point of focus. Knowing about the causes or extent of the person's maladjustment is not a prerequisite for establishing a therapeutic relationship with the person. When we focus on the problem, we lose sight of the person of the individual and in the process communicate to the individual that his or her problem is more important. Diagnosis of maladjustment is not necessary because this is not a prescriptive approach. What the counselor does is not based on a specific problem the individual may be experiencing (Landreth, 1991). Having made this point, we can proceed to discuss a group-centered view of the therapeutic relationship.

If I am to be helpful to each group member, I must make contact with each person of the group at all levels of experiencing in our shared time together. I would like to gently touch each member's emotional world and also to hear as fully as I can his or her expressed thoughts and descriptions. I would like the total response of my person to convey to the group member the depth of my yearning to know and understand, to the extent to which I am fully capable, his or her experiential inner world of feelings and thoughts as known, experienced, felt, expressed, and lived out at the moment. I also want to hear that the other person has a longing to share what may be perceived by the person as a frightening part of his or her life, or confusion, but may fear doing so because I or others may reject. And so they venture forth in this relationship in ways which may seem to lack focus or direction as they experience this inner conflict of wanting to be heard and fearing evaluation and criticism. At such times a tentative and perhaps an almost imperceptible desire exists to share this vulnerable part of self in what may be an obscure or oblique manner which could easily go unnoticed because the message is so inconspicuous or veiled.

In many relationships the person seems to be perhaps at that moment only vaguely aware at some deeper level of this underlying part of self or experience which he or she would like to share, perhaps not even at a conscious level in the immediacy of our experiencing relationship. At other times, I have sensed at an immediate conscious level, a deep longing on the part of the person to have this vulnerable part of the self heard and accepted. The person seems to be crying out, "Does anyone hear me? Does anyone care?" At these moments in our sharing together a developing relationship, I would like by my attitude, words, feelings, tone of voice, and facial and bodily expression—by the total person I am—to communicate my hearing, understanding, and acceptance of this deeper message in a way that will help the person to feel safe, accepted, and appreciated. In such moments my response seems to very gently open a door the person has come to stand in front of in our journey together and by that gesture to say to the person. "I'm really not sure either, what is on the other side of the door. I understand that whatever is there may be frightening to you or something you had rather not face, but I am willing to walk through that door *with* you. I am not willing to lead you through the door nor will I push you or follow you through the door. I will be fully present beside you and we will discover *together* what is there. I trust you in this process to be able to face and cope with whatever we find there." A young lady with whom I worked in a counseling relationship expressed her reaction to this kind of caring by writing the following: "One thing I have come to really appreciate about you is that you will allow me to be frightened, even though you and I both know there is no reason for me to be. You trust me, and I am coming to trust myself. Thanks for that." This kind of relationship is described by Rogers (1952, p. 70) as " . . . the process by which the structure of the self is relaxed in the safety of the relationship with the therapist, and previously denied experiences are perceived and then integrated into an altered self."

The beginning of this movement toward a different self is facilitated when the warmth, interest, caring, understanding, genuineness, and empathy I experience are perceived and felt by the group member. Other members of the group are just as capable of experiencing these conditions, and when they are communicated may have an even greater impact when perceived by the member of focus. In this climate of facilitative psychological attitudes (Rogers, 1980), group members come to rely on their own vast resources for self-directed behavior and for altering their self-concepts and basic attitudes. Thus the power to change resides within the group member and is not a result of direction, advice, or information I might have to offer. As expressed by Rogers (1961, p. 33), "If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur." The relationship can then be described as therapeutic and a function of basic key attitudes of the group-centered facilitator who is willing to know the group member(s) and to be known in the process of the developing relationship. According to Rogers (1967), the following conditions are necessary and sufficient for personality changes to occur:

1. Two people are in psychological contact.
2. The group member is in a state of incongruence, being vulnerable or anxious.

3. The facilitator is congruent or integrated in the relationship.

4. The facilitator experiences unconditional positive regard for the group member.

5. The facilitator experiences an empathic understanding of the member's internal frame of reference and strives to communicate this experience to the member.

6. The group member perceives, at least to a minimal degree, the facilitator's empathic understanding and unconditional positive regard.

In this approach, the person and not the problem is the point of focus. When we focus on the problem, we lose sight of the person. The relationship that develops in the group and the creative forces this relationship releases in the group member *is* the process of change and growth for the group member. It is not preparation for change. Rogers (1959, p. 221) expressed this view as, "Psychotherapy is releasing an already existing capacity in a potentially competent individual." Although at times, the past may be described by the group member in light of certain experiences, the present is considered to be more significant. In this process, the group member is responsible for himself or herself and is quite capable of exercising that responsibility through self-direction resulting in more positive behavior.

BOB'S ECLECTIC APPROACH

Perhaps because of the complexity of human nature and the problems encountered in life, most group leaders of my acquaintance eventually evolve to an eclectic system of group facilitation. I chose the word evolve quite carefully because I believe that beginning counselors and group leaders need to select a single theory that fits their personality and style and master it first. Through the process of mastery, the group leader can try interventions that are time tested and eventually select what makes the most sense and what works best for him or her. I am not convinced that an inexperienced group leader should choose eclecticism as an initial intervention mode. My personal bias is that the eclectic group leader needs to have good solid reasons that are grounded in established theory in order to make consistent choices regarding what works best in groups.

My personal beliefs about how people learn and what motivates them to change have been most directly influenced by the following theorists and schools of thought. The influences of Carl Rogers (1951 through 1980s) and Robert Carkhuff, the neopsychoanalytic school and particularly the work of Karen Horney, the gestaltists, and more recently the conceptualization of Harville Hendrix (1988) will become apparent as I discuss my views on the development of human personality and the therapeutic process.

Personality Development

One of the most difficult arguments to settle is the age old nature/nurture issue. We continue to learn more about the ways in which genetics influence the human organism. Studies with twins and increasingly sophisticated research with chromosomes indicate that heredity may influence disposition and behavior much more than previously thought.

I believe that heredity and environment are intricately interwoven and most probably in a fashion that will remain somewhat mysterious. I continue to be impressed with the powerful role that learning plays in the development of human personality and in the choices people make as they journey through life.

Learning begins at least at birth. Some would suggest that a very primitive kind of learning may even begin during gestation. The human brain is capable of processing hundreds of sensory inputs per second. The most complex and intricate computer in existence pales in comparison to the enormous capacity of the human brain. Naturally, we do not consciously process each piece of data that impacts the brain. That would literally be overwhelming. Nevertheless, some brain researchers believe that every experience we have is stored somewhere in the brain.

I chose to begin my discussion of human personality with the brain because I believe all of our developmental experiences shape who we are and who we become. I think that early experiences are the most significant because they are being charted and stored in emotion that is uncontaminated by the higher processes of thinking and evaluating that develop later as the cerebral cortex and its functions become more prominent. The older and more primitive limbic system of the brain is the repository of feelings and emotions. In this portion of the brain our memories of early and unevaluated experiences are stored—both positive and negative.

This primitive part of the brain is relatively uncritical and is most interested in having needs met: safety and security, warmth and nurturance, excitement and sex. The cerebral cortex is a more highly evolved part of the brain that gives rise to our ability to think logically and critically, evaluate, decide, and organize our lives. It also, for better or for worse, helps us control the more impulsive nature of the limbic or primitive brain.

As we "learn" about what culture considers appropriate behavior we also learn to moderate our primitive wishes and desires. Since most of us have difficulty remembering in exquisite detail some of our early experiences before age five or so, my belief is that many of our personality shaping experiences have been sublimated or repressed so that they are no longer part of our conscious awareness. Nevertheless, they remain, at an unconscious level, powerful influences upon our current perception of ourselves and our world.

Our uniqueness as individuals has to do with the delicate interplay between that naturally affective part of self and the way in which we choose to manage our lives—our perception of ourselves in our world. How we perceive ourselves is the sum product of our internalized experiences, both those of which we are aware and, perhaps more importantly, those that have been filed away in our brains but are no longer available to us consciously.

Our most demanding early needs also are the most influential in setting the course of our eventual development and feelings about self. The basic needs for safety and security can be clinically observed throughout the life span! They are powerful motivators and at some level probably play a part in most of the major decisions we make in life—from choices of occupation or career to the selection of our mate.

To me the recognition that infants enter the world crying and howling is no wonder. We have excised it from one of the most warm and nurturing environments imaginable—the womb. In that desirable place, all needs were met instantly and continually. It was warm, safe, and secure, a condition that will never again be duplicated. We sometimes return to that comfortably protective fetal position while sleeping or when experiencing pain. This regressive behavior can also be observed in severely withdrawn mental patients and in some ways can be interpreted as adaptive behavior. I use the example to illustrate the importance that I believe feelings of security play in the development of healthy personalities.

If we are wise enough to choose our primary caretakers carefully and to have been reared by warm and nurturing parents, we will have a decided advantage in developing in a healthy and positive direction. However, since even the most sensitive of caretakers could not possibly ever meet all of our needs, life becomes a process of learning the skills necessary to deal with and adapt to frustration. The manner in which the human organism perceives the world through those early and needy experiences will heavily influence that person's perception of the world as a secure, warm, and nurturing environment that can be trusted, or as a world that is distant and cool, perhaps even a hostile one that needs to be guarded against.

These early experiences with frustration of our needs give rise to an anxiety that will govern whether we move toward other people in a dependent manner, move away in a distant and isolated or independent way, or move against others with a hostile or aggressive personality orientation.

Horney first talked about these basic personality styles, and they are similar to what Hendrix (1988) later labeled fusors and isolators in relationships. The theory is that dependent or fusor personalities will move toward others in an attempt to ward off the anxiety associated with early childhood wounds. Perhaps as a child the fusor did not receive enough nurturance from the significant caretaker and therefore grew up literally craving an unusual amount of affection, reassurance, and physical contact. Fusors typically fear abandonment so they will seek and demand closeness, togetherness, and teamness.

Counterdependent or isolator personalities may have been overprotected or rejected as children and therefore adopt an independent, "I don't need anybody," personality. Isolators become extremely uncomfortable and anxious in relationships that they perceive to be too demanding of their time and energy. They frequently will state that they need personal space, freedom, and their own individuality in a relationship. What they fear most is being overwhelmed, suffocated, or engulfed by another person.

Basic personality styles, while acted out in an unconscious manner, have important implications for current relationships and the group. Adults have most likely developed many layers of defense in order to avoid things that they fear most—abandonment or engulfment. Ironically, when fusors and isolators grow up they tend to seek each other out as romantic partners. This can be seen as an attempt to heal those early childhood wounds. Paradoxically, while an isolator may be initially attracted to the fusor who seemingly possesses the natural warmth and acceptance that he or she was denied in childhood, as it later becomes apparent that the fusor also has strong needs for closeness and intimacy, the isolator will begin to experience an inner panic because the fusor has become so demanding and clinging!

The converse is also true, as the fusor moves forward with insistent affiliation needs, the isolator, in response, begins to distance. Thus begins an intriguing dance played out through the unconscious needs of the two confused participants. In effect, fusors become isolator phobic and isolators become fusor phobic.

What we need in order to get better is a healing of those childhood wounds. In essence, we need that which we most fear! Those childhood wounds are the result of unfinished business with our primary caretakers. We go through life attempting to get closure on those situations that have been left in our background but which continue in a very real sense to influence current behavior. When we enter relationships that have the potential to become powerful and significant in our lives, they are measured against the background of our experiences. That is, we project our unconscious agenda onto the person or the group. "This person can make me whole" or "This group of people can help me grow."

Against this theoretical backdrop of individual personality, I do group work. I tend to conceptualize groups as reconstructed families where early wounds can be reexamined and in some cases played out. A person's basic personality style will be apparent in the group because issues of boundaries, trust, power, and intimacy will activate the same defenses and roles as will the "real" world.

The Therapeutic Relationship

My own personality best suits me for the "good father" role as a group facilitator. I believe that Rogers was essentially correct regarding the core interpersonal conditions and while I feel they are necessary, my own personal role in the group tends to be broader than that and will vary with the levels of maturity and insight available in the group members. My inclination is to respond to group members with immediacy and gentle confrontation to both members' strengths and weaknesses. I attempt to remember, though, that old wounds are best healed with nurturing and gentle care. People can get plenty of aggression, anger, and confrontation in the streets and even in their families. The group should be, I believe, above all a safe place. Through my manner of acceptance and respect, I try to help create an atmosphere that is secure and safe so that members can trust me, other members, and primarily themselves.

I believe that group members deserve the best of me so I attempt to be well rested and fully available to them emotionally. I attend to their messages as carefully as I can. Being fully available means, however, that I am going to do more than just listen and nurture. Carkhuff's (1969) research into the interpersonal conditions and the concept of wholeness is the model I use for personal availability in the group. While I will not be intrusive with my personal values, at least not consciously, I give myself permission to be fully human in the group. That means that sometimes I will share my likes as well as dislikes, my personal biases, prejudices, and opinions. In my work with group members, I will be respectfully confrontational and immediate with my reactions.

Since, in most cases, I am functioning at higher interpersonal levels and depth of insight than are my group members, I will assume somewhat more responsibility for helping to create a therapeutic climate in the group. I am mindful, however, that I am still only one person in a collection of individuals and so my impact is limited. The climate or atmosphere in the group is an ongoing concern of mine and so "how we are together" is always an issue that is available for inspection by the group.

Finally, I would like to say that all of my life experiences have in some way prepared me for group facilitation. That includes all of the laughter and tears, the highs and lows, wins and losses, elations and sorrows—all are part of me. In many ways, the most significant concentrated learning experience has been my own personal therapy. Actually experiencing the process that my group members go through has aided me most in being able to create for them a trusting and growing atmosphere.

SIMILARITIES AND DIFFERENCES IN BOB AND GARRY'S APPROACH AND STYLE

We have been co-leading groups, teaching, and involved in writing projects together for almost 30 years. During those experiences, we have learned a great deal about each other's uniqueness. One factor that contributed significantly to our compatibility in the early stages of our working relationship was an appreciation for and acceptance of our differences in values, personality, theoretical beliefs, and counseling approach or style. We have not felt the need to challenge or question each other in these areas. We both seem to have little personal ego involvement in looking good or being the most important leader. To submerge our own personal ego needs for the betterment of the group has been rather easy for us. Although there have been few such instances, personal conflicts have been quickly and consistently worked out as needed in outside relationships. We are basically very tolerant of each other.

Our respect for each other's differences has helped us to be open to learning from each other and trusting of each other's inclination and direction at the moment in the group even though we have no idea where the other person is headed at the moment. We believe these characteristics are crucial in the development of an effective co-leadership approach. Our personality differences and differences in counseling approach complement each other and add new dimensions to the counseling relationships in the group.

For both of us, to be as fully real as possible in the group is important. We would like to be known for who we are and so are willing to share ourselves with the group. This seems to come about most naturally in the immediate relationships of the group rather than delving into our past experiences. We trust ourselves in these encounters in the group. We also trust the members of the group and want them to experience our trust as fully as is possible under the circumstances. This issue of trust also extends to the group. We feel quite comfortable in placing great trust in the group and the group process. We do not always have to know where the group is going or how it is going to get there. We believe wisdom exists in the group, and we trust the inherent movement of the group toward that wisdom.

Perhaps the best way to describe our relationship in the group is to say we feel comfortable with each other. We like each other and have a healthy appreciation for each other based on mutual respect. That extends not only to the area of trust but also to helping each other with personal feelings that develop in the group. At times, we facilitate or clarify feelings about self for each other or this may be done in relationship to a group member.

Our differences in counseling approach are perhaps most noticeable in the initial session of the group experience. Bob focuses on modeling helpful responses in the first session, and Garry focuses on facilitating group member interaction. Thus Bob is teaching members how to be helpful to each other, and Garry is helping members to discover that their contribution is most important to other members.

Bob models a wider range of behaviors in the group. He tends to be more confrontive, which sometimes stimulates testing behavior from members. He uses humor more and is more immediate in exploring what is happening between himself and a member. Garry is more immediate with members' intrapersonal issues and is more willing to stay with a member longer in exploring underlying feelings. Garry also tends to respond verbally more quickly and has at times held back to let Bob get in.

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CHAPTER 3

HOLISTIC LEADERSHIP TRAINING

Leadership should be born out of the understanding of the needs of those who would be affected by it.

Marian Anderson, *New York Times*, July 22, 1951

GROUP LEADERSHIP STYLES

Although the development of group theory and leadership intervention styles have been refined and differentiated greatly over the past 35 years, the early and classical leadership studies conducted by Lewin, Lippitt, and White (1939) and White and Lippitt (1968) provide a generic framework from which to evaluate group leadership. Essentially, they were looking at the dimension of group member participation in decision making. They identified three types of leadership for their studies: *authoritarian, democratic*, and *laissez-faire*.

The authoritarian leader: This type of leadership style is autocratic and places a great deal of emphasis on leader power and authority. The leader often behaves in an arbitrary and dictatorial manner. The group is not consulted in decision making, and goals and plans are determined by the leader.

The democratic leader: This type leader as the term reflects, is egalitarian in orientation. Group climate and cohesiveness are stressed and participation by all group members in establishing goals and directions is encouraged. The democratic leader welcomes process input from the group and serves as more of a knowledgeable resource person.

The laissez-faire leader: The leader takes a very passive role in the group. The group itself becomes responsible for its own direction and purpose. The leader serves as a technical consultant who will offer process interpretations and assistance if requested.

From their studies, some interesting differences emerged particularly as related to group member satisfaction, aggressiveness, and group-task efficiency. Authoritarian and democratic groups were noted as tending to stay with their tasks about equally, whereas laissez-faire led groups were generally less conscientious. When the leaders absented themselves from the groups, authoritarian groups wandered from the task, democratic groups continued at about the same pace, and the laissez-faire groups tended to *increase* their work.

As might be expected, authoritarian groups fostered more dependency upon their leader, were more discontented and openly critical, and made more aggressive demands. Friendliness and cooperation were characteristic of the democratic groups and, in general, group members expressed a preference for democratic leaders above the other two styles.

A close relationship exists between leadership style and group efficiency and satisfaction. Group members seem to want and expect an identifiable leader who fulfills certain developmental group needs. Fall (1997) explored the role of the leader in the facilitation of psychological safety and found that, across the lifespan of a group, the members attributed the facilitation of psychological safety to the leader, more often than to self or others. This seems to indicate that while a democratically oriented group with shared responsibility is most desired and effective, the leader should be identifiable as opposed to being an "equal" member of the group.

Each group leader must explore and define his or her most effective and congruent style. The process of determining a "proper fit" in terms of leadership style requires experience and practice. We recommend that the leader in training experiment with several different approaches while under supervision. The most effective and satisfied leaders are those who find a relatively comfortable style that blends their own personality with a solid base of theory.

Kottler (1983) wrote about a group leader as a "fully functioning model." His group leader is a person who projects an image of a formidable individual who is fully in charge of his or her personal world. The leader exudes self-confidence, expertise, worldly experience, and serenity. Kottler defined "personal mastery" as the development of skills necessary for a happy existence. He further explained:

> Personally masterful therapists are busy persons, intensely concerned with their well-being and that of their fellow humans. They are action-oriented truth seekers who pursue the unknown and take productive risks in the search for a more satisfying life. Most important, they are in a continual state of improved change, ever working to become more personally masterful.
>
> In addition, there are some corollary assumptions implicit in the personal mastery model.
>
> 1. The more personally skilled group leaders become, the more professionally effective they become.
>
> 2. The group leader is in a constant state of change, as are all group members. Each client concern and interaction conflict forces the leader to look inward, asking the question, Have I worked this problem through for myself? While using group time to work through personal struggles is clearly unethical, the group leader cannot help but use the

> time between sessions to personalize relevant struggles to bring them toward successful closure.
>
> 3. The more effective group leaders become at solving personal problems, the better teachers they can be at facilitating such outcomes in clients. The group leader should have learned ahead of time how to work through any concern with which a group member may have difficulty.
>
> 4. No mere human has ever reached perfection. Every group leader ought to be engaged in a rigorous self-training process aimed at teaching higher levels of personal mastery. Identifying behaviors in need of improvement is the first step in making constructive changes. (Kottler, 1983, pp. 92–93)

He concluded with a list of group leader characteristics to aid in self evaluation. They include self-confidence, risk taking, humor, flexibility, creativity, internal discipline, flow (being immersed in the present), free of negative emotions, honesty, energetic enthusiasm, and compassion.

Techniques and strategies in the group are frequently associated with specific theoretical approaches. Gestalt, transactional analysis, and psychodramatic approaches all utilize techniques that are unique to that particular theory. Group functions, on the other hand, particularly in process-oriented groups, are more broadly based and comprise issues with which all group leaders need to be concerned. Group climate, cohesion, levels of trust, and interaction patterns fall into this category.

Finally, the accomplished group leader will engage in an ongoing assessment of his or her own relationships with individual group members and the group as an entity. The concept that leader relationships are a critical dimension in an effective group leads to the following discussion of *interpersonal skills.*

INTERPERSONAL SKILLS

Interpersonal skills are constellations of behaviors that define and may circumscribe the quality of person-to-person relationships.

It is the concept of looking carefully at how people behave with one another qualitatively. Most often, interpersonal skills are defined as communication skills, and most systematic study has been devoted to verbal and nonverbal communication transactions. The study and quantification of interpersonal skills has been impacted most directly by psychotherapy and communication theory.

The concept of interpersonal skills development and subsequent training implies that these skills are acquired rather than latent. Because of this focus on learning, the impact of culture, environment, social expectations, and societal and personal values are of interest to the therapist and communication theorist.

Historically, the groundwork for incorporating an interpersonal dimension into therapy was laid by the neo-Freudians who departed from Sigmund Freud's heavy reliance upon innate biological explanations for behavior. Alfred Adler, a social democrat, was the first to view humans as essentially social beings whose behavior is purposive and goal directed. The later work of Karen Horney, with an emphasis upon the cultural impact in the formation of neurotic conceptions of self, and—most important—the interpersonal theory of Harry Stack Sullivan, provided pathways for future theoreticians to explore the more subjective worlds of their patients.

The work of F. C. Thorne and his eclectic approach to psychotherapy further broadened attempts to provide a more balanced and integrated method of looking at human behavior. With the publication of Carl Rogers' *Client-Centered Therapy* (1951) and its almost total focus upon the subjective, phenomenological world of the client, the relationship between the therapist and client become primary, and the process of relationship development came under more intense scrutiny. A major historical contribution was Rogers' attempt to identify the necessary and sufficient conditions of therapeutic personality change. In addition to his concern with a client as a "whole person," Rogers gave impetus to the concept that there is a central core of "facilitative" conditions crucial in developing a constructive relationship between therapist and client. He identified these conditions as therapist-offered empathy, warmth, and genuineness.

Charles B. Truax and Robert R. Carkhuff (1967, p. xiv), focused intensive research efforts toward identifying new knowledge of the ingredients of effective counseling and psychotherapy that result in client benefit. The primary methodological breakthrough from their impressive volume of research was the development of a reliable series of scales for the measurement of the identified interpersonal conditions of accurate empathy, nonpossessive warmth, and the therapist's self-congruence.

Concurrently, communication theorists were synthesizing the complex information available from a number of interdisciplinary fields into a set of principles that can be applied to interpersonal communication. Samovar and Rintye (1970) emphasized that human speech exhibits common elements and that human attention is highly selective. They posited that humans actively seek consistency between their self-image, behavior, and perceived information, and that they maintain perceptual consistency by distorting information or avoiding data they cannot change.

They contended that active listening on the part of the receiver of information produces better retention. Social roles and statuses influence communication in organizations, and no symbol or word has a fixed referent—that is, the "meaning" of the word is attached to the sender or receiver rather than to the word itself. They also addressed the issue of how nonverbal language contributes to human communication. They consider these principles basic to the study of interpersonal communication.

Building upon the work of Rogers and Truax, Robert R. Carkhuff refined the interpersonal rating scales and expanded the list of interpersonal communication dimensions.

Carkhuff (1983a) and his associates developed an interpersonal helping model primarily for use in therapeutic settings, but theoretically applicable to all human interactions. Their model, which is essentially training and learning oriented, focuses initially on the skill of discrimination or the ability of the person to fully understand the message sent both in content and process. The ability to receive a message accurately depends upon the receiver's level of attention. They have demonstrated techniques to improve a person's attending skills.

How a person responds to a message is critical to the continuance of constructive communication and lays the foundation for initiative action. Six interpersonal conditions impact on the effectiveness of communication: three facilitative and three action conditions.

Facilitative Conditions

When these conditions are offered in communication at observably high levels, they tend to facilitate one's effort to explore and understand oneself.

1. *Empathy.* This is the ability to merge temporarily with another person and see the world through that person's eyes. It is the ability to understand the experiences and feelings of the other person.

2. *Respect.* This is the ability to communicate caring for and belief in the potential of another person.

3. *Concreteness.* This is the ability to assist another person to be specific about the feelings and experiences that person is talking about.

Action Conditions

When these conditions are offered in communication at observably high levels, they tend to lead one to initiate and take action upon one's own ideas.

4. *Genuineness.* This is the ability to be one's real self in a relationship with another person.

5. *Confrontation.* This is the ability to tell the other just the way it is and to point out discrepancies between words and actions and perceived realities.

6. *Immediacy.* This is the ability to understand the feelings and experiences that are going on between oneself and another person.

Multiple Impact Training

Perhaps the most complete adaptation is the nontraditional therapy model developed by George M. Gazda (1989) called *multiple impact training* (MIT). An educational rather than a medical model, the theory is based upon the need for development of living skills within the psychosocial, physical-sexual, vocational, cognitive, moral, ego, and emotional areas of human development. The model is based on the teaching/training of "life skills," and historical credit is given to Robert Havighurst, Milton Erikson, Donald Super, Arnold Gesell, Jean Piaget, Lawrence Kohlberg, Jane Loevinger, and H. Dupont. The model is designed to focus specifically on life skill deficits and to provide training modules to remedy those deficiencies.

Basis Assumptions in Helping

Interpersonal skills development can really be seen in the total design as an essential first step in the maximizing of each person's potential capacity toward what Carkhuff (1983b) termed *human resource development.*

The obligation of each person in helping situations is to accept the *right* to intervene at the critical points in the life of another person and, at the same time, take full *responsibility* for the level of help that we are willing to offer. When we have decided that we want and intend to be more than a mere "sounding board" off which others can bounce feelings and meanings, we also must accept the awesome responsibility for mobilizing all of the helping skills we have available to us in order to insure a successful completion.

This statement means that we will make a commitment to becoming as effective in helping as is in our power to become. It means that we will do the things necessary—incorporate the essential skills—physical, intellectual, and emotional—that will allow us to offer potent and functional help and to serve as efficient models and teachers—through our actions as well as our words.

Let us examine two basic assumptions underlying the helping process.

1. Helper-Helpee: The Universal Relationship

Essentially all transactions between two or more human beings can be broken down into helper-helpee roles. One person in the transaction will tend to be the helper (or the "more knowing" person) and the other will be the helpee (or the "less knowing" person). The critical factor in the helper-helpee relationship is the sum of interpersonal effectiveness brought to bear in the situation, as measured by a person's total impact—physical, intellectual, and emotional. An additional dimension is that the roles are not necessarily fixed or static and that they may change or reverse according to the kind of help that is sought and the relative "knowingness" of the persons involved.

The helper in a transaction will be the more knowing, whether in any one or a combination of two or more of the three areas: (a) *physical*—in that, through general physiological conditioning, the helper is able to demonstrate high levels of energy and endurance; (b) *intellectual*—in that, having the appropriate and relevant information, the helper can creatively apply it to the situation; or (c) *emotional*—in that the helper is fully aware of his or her own personal feelings and interpersonal impact and can act compassionately and decisively as the situation and circumstances require.

2. Relationships Are "for Better or for Worse"

The second major assumption in human transactions is that they can be "for better or for worse"—constructive or destructive. The primary question is where do we fit in as helpers? When a person seeks our help does he or she leave

> the transaction in better condition or worse? Ultimately, in our efforts to assist, have we helped the other person grow, or have we retarded growth? The relationship that we provide for the other person will be, as a result of the level of the interpersonal skills we offer, either additive or subtractive in the helpee's life.

In summary, the helper-helpee is a universal relationship that can assume many configurations (i.e., parent-child, doctor-patient, leader-follower, friend-friend, and so forth). In addition, the level of the relationship or "help" offered will influence individual growth—either "for better," in a healthy, constructive fashion, or "for worse," in an unhealthy, deteriorative, destructive direction.

Philosophical Foundations for Interpersonal Skills Development

This model envisions a person as a developing, striving, growing organism who ultimately is a product of the levels of "help" received from the environment. That is, a person will respond to and grow in either a "for better" or "for worse" direction according to the effectiveness of the models to whom he or she assigns *significance* in life. Most usually, this model is the parents or primary caretakers. Later on, as a child's world expands, it will include significant teachers, coaches, counselors, aunts and uncles, peers, and others. Given inherent biological determiners, the child-adolescent-adult will, in effect, model behavior and learn appropriate or inappropriate skills from the people in his or her personal world.

Such a theory of personality focuses on conscious growth and integration as the central motivating force. More concretely:

1. The most potent example of a person's total effectiveness is one's level of functioning in the world—not wishes, desires, or self-reports—but observable behavior.
2. The person is mainly a product of the skills and behaviors that are learned from the world.

3. The person's ego (or that part of personality structure which sorts out and integrates internal needs with the reality of the world) is seen as moving toward fulfillment of potential and growth.

The central thesis of this model is that the life of the "whole person" is made up of actions that fully integrate the emotional, intellectual, and physical resources in such a way that these actions lead to greater and greater self-definition or integration. In a sense, then, the fully functioning "whole person" is the person who can say and understand the implications of "I know who I am and I know what I can do."

The Whole Person. The interpersonal skills model is committed to the fully functioning, integrated, whole person as illustrated in Figure 3.1

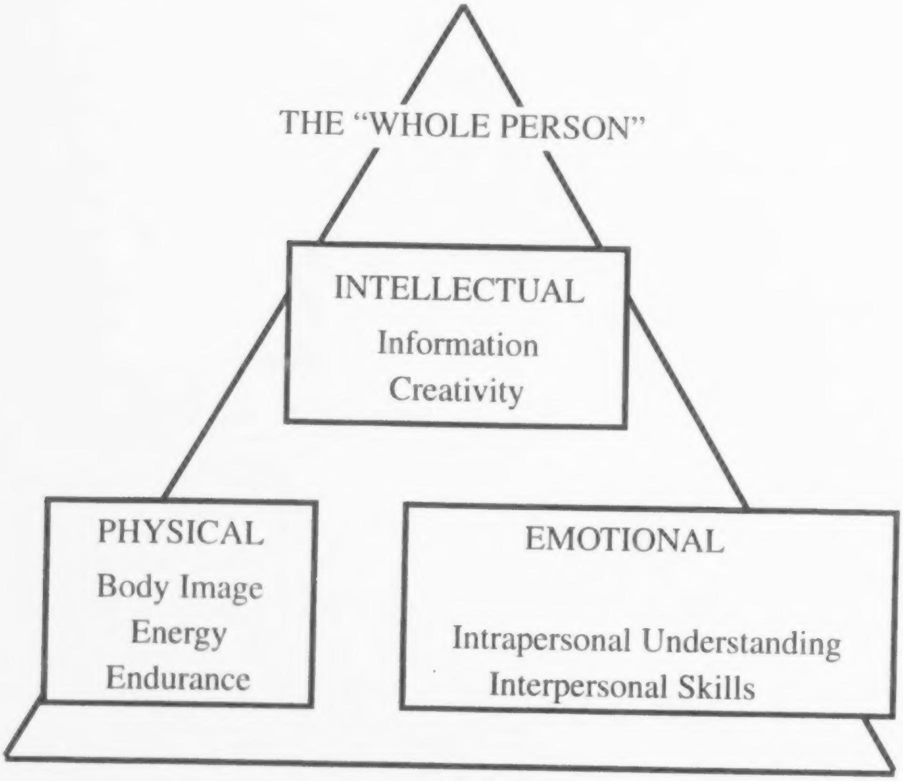
THE "WHOLE PERSON"
INTELLECTUAL
Information
Creativity
PHYSICAL
Body Image
Energy
Endurance
EMOTIONAL
Intrapersonal Understanding
Interpersonal Skills

Figure 3.1. Fully functioning, integrated, whole person.

In terms of "helping," the fully integrated, whole person will be able to better generate and sustain high levels of help because of superior capacities, as demonstrated by three areas: physical—high energy levels and the ability to tolerate and endure hardships; intellectual—synthesizing relevant data and creatively applying it to the circumstance; and emotional—being able to offer appropriate dimensions of interpersonal responsiveness and initiative.

Perhaps the best way to capsulize the whole person or effective helper is with the following paragraph:

> The effective helper is a person who is living effectively himself and who discloses himself in a genuine and constructive fashion in response to others. He communicates an accurate empathic understanding and respect for all of the feelings of other persons and guides discussions with those persons into specific feelings and experiences. He communicates confidence in what he is doing and is spontaneous, intense, open and flexible in his relationship with others and committed to the welfare of the other person. (Berg, 1973, p. 4)

The Growing Person. Latent forces seem to be available in an advanced technological society that are constantly at work to encourage and promote mediocrity. In a highly specialized and institutionalized society, reward systems seem designed to regulate human behavior in such a way as to stifle imagination and creativity. The fully functioning person recognizes these latent forces and becomes involved in a continual program of learning, relearning, and acquiring new and more effective skills. The group leader understands that to stand still or to "play a pat hand" is not really standing still at all—but moving backward. No such thing as a holding pattern exists.

Growing persons accept the proposition that staying "fully in the moment" is an ability that requires continual upgrading of skills. Being full and complete means accepting the challenge of depending fully on oneself when situations develop, as opposed to manipulating or controlling people and events. This behavior means dealing with people honestly and in an up front manner, rather than by cunning and guile.

The key to confidence in the situation is the development of a wide range of abilities or, put another way, increasing our repertoire of responses. The person with the widest range of response to any situation stands the greatest probability of success. As we increase our repertoire of responses, we multiply the number of options available to us.

Concerning functionality, the truly integrated person knows that in critical situations we want the most skillful person in the driver's seat. That is, we must learn to concede to functionality where it exists and encourage its growth where the potential is present.

By way of illustration, let us say you are confronted with choosing between two players (A and B) to be the quarterback for your team. All other things being relatively equal, you find that A is a mechanically sound and adequate quarterback. In addition to being mechanically sound, however, player B seems able to infuse the team with a greater desire to perform well. He is an exciting leader. Choosing player B to quarterback the team will increase the probability of winning because he has *additional skills* to insure a successful delivery. The most functional person in the situation should play quarterback.

An Overview of Interpersonal Skills Development

We begin our exploration of interpersonal skills with a schematic presentation of the overall model as presented in Figure 3.2. As suggested in the figure, when we begin to examine carefully the kinds of things that happen between two people in an interpersonal relationship we need to focus on *discrimination* (the ability to listen and understand) and *communication* (the ability to respond accurately to what we have heard). In addition, the model includes six dimensions that occur to some extent (or at some level) in all human transactions. These dimensions are *empathy*, *respect*, *concreteness*, *genuineness*, *confrontation*, and *immediacy*.

Carkhuff and his associates have researched each of the dimensions and found that persons (therapists, counselors, teachers,

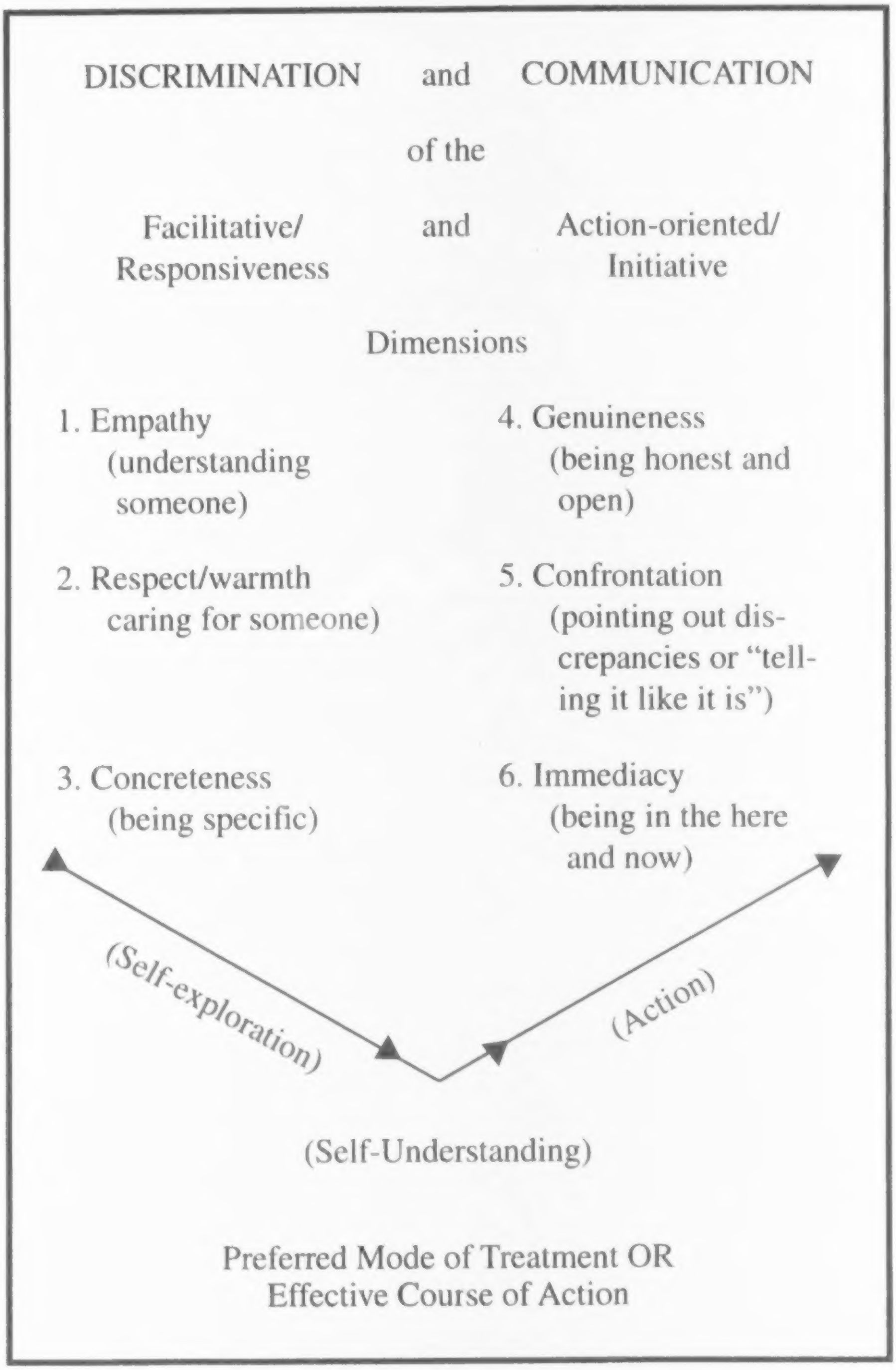
DISCRIMINATION and COMMUNICATION
of the
Facilitative/ Responsiveness
and
Action-oriented/ Initiative
Dimensions
1. Empathy (understanding someone)
2. Respect/warmth caring for someone)
3. Concreteness (being specific)
4. Genuineness (being honest and open)
5. Confrontation (pointing out discrepancies or "telling it like it is")
6. Immediacy (being in the here and now)
(Self-exploration)
(Action)
(Self-Understanding)
Preferred Mode of Treatment OR Effective Course of Action

Figure 3.2. Schematic model for interpersonal skills.

parents, students, and lay helpers) who offer high levels of the interpersonal conditions tend to create an atmosphere or climate for growth. Conversely, persons who offer low levels of these same conditions tend to retard or inhibit an individual's growth. This process has been demonstrated in the physical, intellectual, and emotional areas, but here we will primarily be concerned with the quality of verbal responses that the group leader is offering members.

Let's look at what we mean when we say "high" or "low" levels. In determining whether a response is high or low we use a 5-point scale where each of the responses can be scaled by trained raters for content and feeling. The scale to evaluate overall helping effectiveness is provided in Table 3.1.

Responses that fall below level 3.0 on the scale are judged to be subtractive, deteriorative, or destructive to the person who is seeking help.

Responses that are at the 3.0 level are called interchangeable responses in that they (the stimulus statement from the helpee and the response from the helper) can be laid side by side and could have been said by either the helper or the helpee. The helper at level 3.0 attempts to simply restate or reflect back to the helpee as accurately as possible his or her *expressed* feeling and meaning.

The higher levels (3.0 and above) are termed additive empathic responses—when the helper goes beyond what the helpee has expressed in an attempt to add to the exploration and self-understanding.

The area of additive empathic responses between levels 3.0 and 4.0 on the scale is where the majority of good helping occurs. This is the area where the skillful helper will spend most time and energy facilitating the deeper self-exploration of the helpee. It involves going beyond what the helpee has presented. To be additively empathic, the helper assists the individual in taking personal responsibility for his or her part in the problem. In effect, this means that the helpee cannot put the meaning off onto someone or something else. It involves ownership or internalization of his or her position in the problem.

No value occurs in problem solving until the focus person internalizes and "owns" responsibility for self. This frequently involves letting go of some of the more primary ego defense mechanisms such as denial, blame, projection, and rationalization.

Subtractive responses on the 5-point scale are "for worse" and according to Carkhuff's research, the overall average for various samples of the population is below 3.0, or the minimally facilitative level, that is, lay helpers 1.49, general public 1.58, graduate students in psychology 2.35, classroom teachers 2.10, high school counselors 1.89, and experienced therapists 2.13 (Carkhuff & Berenson, 1977, p. 31), we can see that we are paying a heavy price in our interpersonal relationships.

TABLE 3.1
Scale to Evaluate Overall Helping Effectiveness

Helpfulness	Scale	Level of Communication
Additive responses	5.0	All conditions are communicated fully, simultaneously, and continually.
	4.0	Some conditions are communicated at a minimally facilitative level, some fully.
Area of additive empathy		
Interchangeable	3.0	All conditions are communicated at a minimally facilitative level.
Subtractive responses	2.0	Some conditions are communicated and some are not.
	1.0	Non of the conditions are communicated to any noticeable degree.

INTERPERSONAL SKILLS FOR THE GROUP LEADER

Most of us find ourselves in "helping" situations several times each day. Some of us literally make a living from helping. Others are less directly involved with providing professional help but most people are engaged in some form of service to other people. The range of possible therapeutic situations in which we find ourselves is almost infinite. That is, counselor-client, teacher-student, nurse-patient, parent-child, police officer-citizen, airline flight attendant-upset traveler, ad infinitum.

We believe that the critical determiner as far as the help we offer to others is ourselves. When we are called upon for help, the impact we have on the person or the effectiveness of the helping transaction will be related directly to the level of interpersonal skills we offer to the other person.

More concretely, we might ask ourselves the question: "If I didn't have the uniform, or the professional role, or the set of procedures, or the guidelines, what would I be able to offer to another person?" The answer is always the same—me.

Our major focus is on an exploration of the personal qualities that each of us have available to us and the level, or degree, to which we offer these personal qualities to others in helping situations.

We could summarize by saying that each of us finds ourself in multiple situations where we are called upon to help. Further, let us assume that each of us wants to maximize our potential as potent and effective helpers. From this base we can proceed to further explorations.

Discrimination

What can we, as group leaders, do to increase our levels of response and make a significant difference in the lives of our group members? The first skill we need to examine is *discrimination*. Developing high discrimination (or attending) skills means that we will tend fully to the message that is being sent and all of its parts. Not only do we listen to the content, or *what* is being said, but also to the feeling, or *how* it is being said. To do this we need to listen to another person not only with our ears, but with our eyes. We need not only to hear the words (verbal), but also the feeling (nonverbal).

The first step in improving the quality of our responses is to make a good discrimination of what and how something is being said to us. The key is to attend carefully to all of the cues—content, feeling, verbal, and nonverbal.

Some people in our world tend to be naturally high discriminators. This person would be the kind of individual who is inclined to be quiet and observant of the behavior of others. This individual is what we might call a responsive personality type—one who carefully watches others and then acts according to his or her perceived expectations. As a predominant mode of behavior, this could be dangerous if carried to its neurotic extreme because it can result in behavior that is initiated only in response to others—loss of personal definition; and ultimately incorporation of a self-concept from the "outside in," so to speak.

By practicing our attending skills, we can train ourselves to be better, clearer, finer discriminators by listening and fully being with the other person.

Communication

Discrimination, while it is the foundation for higher level interpersonal relationships, is relatively of little therapeutic value in helping if it stands alone. Discrimination, while it is a necessary and even crucial step in helping, is not enough. After the careful discrimination has been made comes the next and most important step—*communication*. This is the step where we respond to our helpee in terms of what our best discrimination tells us he or she is saying—or asking for. In a sense, we can make a judgment on how good our discriminations have been by evaluating the level of response that we communicate back to the helpee—or the other person in the transaction. At this point the 5-point scale is meaningful. Now we can look at the stimulus (S) (or the statement presented by the helpee) and also look at the response (R) (or the statement given back to the helpee by the helper) and determine its effectiveness on the scale—its additiveness or subtractiveness.

Overall, helping involves discrimination and communication. Both skills can be trained, practiced, and improved. As you might expect, discrimination is somewhat easier to train because it is a relatively passive behavior. Discrimination involves *sensing* and *knowing*—fully attending to another person to determine as accurately as possible what is being said. Communicating back to the helpee is a more active behavior and, as such, demands a certain amount of risk on the part of the helper. We can never be a truly effective helper until we accept the risks of deep, active involvement with our helpees.

Summarizing, discrimination involves total *alertness* and communication involves *acting*.

Group members will first want to know that their leader indeed can help them—that the helper is more functional, "more knowing" and able to deliver the appropriate help. We relate back to what was said earlier about functionality. The initial discrimination that the helpee will make is physical. They will want to know if the helper respects self enough to present a competent, ordered, and attractive physical picture.

Let's assume that the group member has decided to stay and run a few more tests. The next question asked or felt, however vaguely, is "Will I be understood—can he or she understand me?" Helpees frequently feel confused and upset—not able to sort out their thoughts and feelings. This very fact often makes them anxious and fearful. At this point, the group member is not interested in judgments, advice, or "being told what to do." He or she is interested in being cared for and understood as completely as possible. Being understood by another human being, at this particular point, helps to answer the question, "Am I still O.K.?" They want the helper to respond in a nonjudgmental, unconditional way. They want to feel understood (empathy) and cared for (respect).

When offered to the helpee at interchangeable levels, these two conditions—empathy and respect—are called "the building block dimensions," in that they communicate and promote deeper and deeper levels of mutual trust. As empathy and respect are communicated, the helpee will learn to trust at deeper levels and to feel free to explore him- or herself and his or her problems more intensely.

The group member also will progress toward deeper self-exploration and self-understanding as the leader focuses sharply upon what is being said—and not said—and guides the helpee into personally relevant material in specific terms.

At the point where trust has been established and self-exploration has been facilitated, a kind of self-understanding frequently occurs. This is often a cognitive or intellectual understanding of self or the problem. In the interpersonal skills model, this level of understanding is achieved when the group member can respond to self just as the leader would. In other words, the helper and helpee have become verbally interchangeable. Some therapists refer to this point as "insight."

The interpersonal skills model goes beyond most insight therapies to an action or initiative stage. What is being said, in effect, is, "There is no understanding without action." Put another way, we could say that it is possible to "understand" ourselves or our problems, but the real proof of our understanding is how we put our insights into action through appropriate and constructive behavior.

Also, at this point the leader, after having demonstrated understanding and caring and developing a bond of trust, can become increasingly conditional or initiating with the helpee. At this point, the helper is established as a strong reinforcer for the helpee and can become increasingly genuine, confrontive, and immediate—more interchangeable or reciprocal as the helper/helpee team begins to work together to develop plans, programs, and effective strategies to reintegrate the helpee with his or her thinking, feeling, behavior, and world.

HELPING FROM THE POINT OF VIEW OF THE HELPER

The process of helping is essentially seen in two major phases: discrimination and communication. These phases relate directly to the interpersonal conditions emphasized in each phase.

Facilitative or Responsive Dimension

The facilitative or responsive dimension includes the conditions of empathy, respect, concreteness, and, to a somewhat lesser extent, genuineness. These "core" conditions, when offered at high levels, tend to meet the group member's initial need for nurturance or unconditionality and aid in the process of trust building and self-exploration.

The responsive dimensions, as the term implies, tend to take persons where they are and communicate to them that we understand their frame of reference or "where they are coming from." Let us look at each of the responsive conditions briefly.

Empathy (E). *The communication of empathy involves the helper communicating back to the helpee that he or she knows and understands both the* feeling *and* meaning *of the helpee's expression and experience.*

By focusing intently upon the content that the helpee is presenting and the manner in which the content is communicated, we can begin to respond to both parts of the message. At level 3.0, or the interchangeable level, we will want to communicate back to the helpee that we understand the expressed feelings and meaning. In a sense, we are asking the helper to *reflect* back to the helpee, as accurately as possible, what the helpee is meaning and feeling. At higher (or additive) levels, the helper will go beyond the helpee's expression and add noticeably in communicating understanding in a way that the helpee is not able to do for himself or herself.

Here are some further guidelines for judging empathic accuracy. At the responsive, level 3.0, or interchangeable level, the helper reflects

1. the helpee's verbally expressed feeling,
2. the helpee's obvious feeling experience, and
3. an understanding of the environmental stimulus or content.

Additive levels of empathy draw upon the helper's ability to integrate this information and experience and guide the helpee in

1. identification of the helpee's behavior pattern,
2. the helpee's feelings about self as a result of interaction with the environment,
3. the helpee's expectations of self,
4. the helpee's basic beliefs about self, and
5. incorporating the new feelings or reactions to new meanings.

Empathy Illustration

Helpee stimulus:	"It's gotten so that I get nervous whenever we get an invitation to a party. I start to worry and fret a whole week in advance."
Interchangeable response:	"Just the anticipation of going to a party makes you feel anxious and tense."
Additive response:	"The anticipation of a party really makes you uptight and sort of scared. Like you won't be able to handle it all and that leaves you feeling confused and frustrated."

Respect (R). *The communication of respect involves the helper communicating back to the helpee a concern and regard for the helpee—his or her feelings, potentials, and experiences.*

The helper communicates respect at level 3.0 by indicating a positive regard and caring for the helpee's feelings, experiences, and potential to grow. The helper communicates an appreciation of the helpee's ability to express self and deal constructively with life experiences.

At higher levels, the helper's responses enable the helpee to feel free to be himself or herself and to experience being valued as an individual.

Respect communicates that the helper cares and values the helpee's ability to work through problems in a constructive way. At the highest levels of respect, the helper will initiate communication that causes the helpee to realize his or her full potential for growth.

Respect Illustration

Helpee stimulus:	"It makes me so darn mad. I know I'm a better basketball player than most of the guys on the team and every Friday night I buy a ticket to get in to watch them play."
Interchangeable response:	"You get pretty angry when you feel that you could be playing and contributing instead of sitting in the bleachers."
Additive response:	"You're pretty angry at yourself for sitting around and letting a good opportunity pass you. You've got a lot more than you're using right now and you want to find a way to test that ability."

Concreteness (C). *In communicating concreteness the helper guides and directs discussion into personally relevant material in specific terms and concrete terms.*

At the minimally effective level, or level 3.0, the helper, at times, enables the helpee to discuss personally relevant material in specific terms. The helper may not always fully develop the area of inquiry. The communication of concreteness requires that the helper make a fine discrimination in terms of the helpee's cognitive and affective readiness to discuss personally relevant material in increasingly specific and concrete terms.

These are the major responsive or facilitative dimensions and are usually communicated first in helping relationships. They assist the helpee in self-exploration and understanding and in laying the groundwork for the helper to become increasingly initiative and conditional in the relationship as the helper/helpee team begins the upward-outward process of reintegration with the real world.

Concreteness Illustration

Helpee stimulus: "I suppose I'm not so different—I guess most people get pretty uptight and nervous when there's a lot of work to do."

Interchangeable response: "You're really hoping that your own uptightness won't get out of hand—that most people feel about the same way that you do."

Additive response: "On the one hand you still hope that your anxiety will just go away and at the same time it's pretty frightening to think that it might get out of control—overwhelm you."

Initiative or Action-Oriented Dimension

The initiative or action-oriented dimension includes the conditions of genuineness, confrontation, and immediacy. After the helpee has experienced the feeling of being understood and cared for and has demonstrated an increased self-awareness by becoming more and more interchangeable with the helper, he or she is ready to translate self-understanding into a concrete plan of action.

At this point, the implications for the helper are to become more "conditional" and, in a sense, more of a reciprocal person in the helping relationship. Let us look at the specific conditions that can be offered at higher levels during this later stage in helping.

Genuineness (G). *The communication of genuineness consists of the helper expressing his or her honest feelings to the helpee in a constructive manner.*

Perhaps a good way to illustrate what we mean by genuineness is to think about the opposite of being genuine—that is, being unreal or phony. Being honest and open with real feelings in helping requires a good discrimination of the helpee's ability to handle your openness. An individual can be highly genuine and real with feelings and meanings and yet the total impact of an interchange can be destructive to the helpee. The key to helpful genuineness is being appropriate and constructive with feelings. At the lowest levels of genuineness, the helper often responds defensively or in a "professional" manner or role. The helper offering low levels of genuineness may sound rehearsed or preplanned.

At level 3.0, or the minimally facilitative level, the helper provides no "negative" cues or, for that matter, "positive" cues to indicate a truly honest response. In other works, the helper indicates attentive listening, but responses do not reflect that he or she is either *insincere* or, on the other hand, *deeply involved*.

At higher levels of genuineness, the helper indicates honest responses (either positive or negative) in a nondestructive way. The helper is being honest, spontaneous, and constructive.

Genuineness Illustration

Helpee stimulus:	"It's almost surprising to me. I know it's what I've been working toward but I can really care for someone, and someone cares for me."
Interchangeable response:	"You weren't really sure it could happen to you. That you could care for me and allow me to care for you."
Additive response:	"It's really an amazing and awesome feeling to know that I care for you deeply and for you to care for me. It really makes me feel good to know that you understand and accept my caring."

Confrontation (Co). *Confrontation involves the helper focusing upon helpee discrepancies.* Types of confrontation include

1. real versus ideal self,
2. insight versus action, and
3. helper versus helpee experience.

Modes of confrontation include

1. experiential,
2. didactic,
3. confrontation to strength,
4. confrontation to weakness, and
5. encouragement to act.

Unfortunately the cultural violence of the 1960s and early 1970s helped create an emotional response to the word "confrontation." Too frequently it is *equated* with anger and conflict. As can be seen by the definition here, confrontation involves focusing upon *discrepancies* in ideas and behavior and is not necessarily accompanied by any particular effect. As we inspect the definition, we see that there are three major types or kinds of confrontation and five major modes or methods.

At the minimally facilitative level, the verbal and behavioral expressions of the helper, while open to helpee discrepancies, do not relate directly or specifically to these discrepancies. For instance, the helper may simply raise questions without pointing to the diverging directions of the possible answers.

At higher levels, the helper attends directly and specifically to helpee discrepant behavior and confronts the helpee directly and explicitly in a sensitive and perceptive manner whenever discrepancies occur.

Confrontation Illustration

Helpee stimulus:	"I've been on diets a hundred times. Tried about everything. I can lose weight but then I gain it back. I don't seem to have the willpower to stick to anything."
Interchangeable response:	"You've proven you can take the weight off—it's keeping it off that bothers you. This pattern raises some questions about your ability to stick with a program.
Additive response:	"This, 'on-again, off again' pattern raises some real questions about yourself. It's a question of whether you can only work for short periods of time—but

whether you can persist and endure. Whether you can make a commitment to real and lasting change.”

Immediacy (I). *The communication of immediacy involves the helper focusing upon the “here and now” ongoing relationship between the helper and helpee.*

At the lowest levels of immediacy, the helper’s responses disregard helpee expressions that have the potential for relating to the helper. The helper may disregard, remain silent, or just not relate the content to self.

At the interchangeable level, the helper remains open and alert to interpretations of immediacy but does not relate what the helpee is saying to the immediate moment. The helper may make literal responses or reflections that are open minded but that refer to no one specifically.

At additive levels, the helper relates the helpee’s responses to self either in a tentative manner, or, at the highest levels, in a direct and explicit way.

Immediacy Illustration

Helpee stimulus: “I don’t know, I’ve seen two other counselors and it didn’t seem like it helped much. Maybe I’ll just have to learn to live with this. Nobody seems to have the answers.”

Interchangeable response: “It’s pretty discouraging to you. You’ve tried before, you’re trying again but you’re just not sure that anyone can help you.”

Additive response: “You’re pretty discouraged at this point, partly with yourself and partly with me. You were hoping that I would be different than the others but right now you're just not sure."

SUMMARY OF HELPER'S STRATEGY

And so, in summarizing the helper's strategy through the implementation of the dimensions in an interpersonal relationship, we see a group leader who is keenly aware of self and his or her personal impact on the helpee. The helper is able to make fine discriminations of the helpee's needs and is able to respond to those needs at an appropriate level.

The helper sees self both as a person who can be nurturing and facilitative and as a person who can initiate new material and add directionality to move the helpee to higher and higher levels of growth and self-fulfillment. The overall plan is to facilitate self-exploration and understanding and to strategize with the helpee in devising effective programs or courses of action to remedy destructive behavior patterns and encourage the incorporation of new and effective modes of living. A helper accepts the responsibility for becoming a potent force to the helpee and is willing to "go the extra mile" in order to maintain potency and increase his or her own personal growth.

Through a personal philosophy of being real and offering himself or herself in a relationship at the highest levels, the helper discloses self as a person.

DEEP VALUES IN GROUP PROCESS

(Don Edward Beck, Ph.D.)

Many of the dynamics at work within the group process can best be understood by focusing on deep values, the core adaptive intelligences that help explain developmental stepping stones. You know about IQ and the various perspectives on the mental intelligences. Perhaps you have read about EQ—the emotional or social intelligences. This chapter will introduce you to VQ (values quotient)—the deep values—as a newly isolated expression of human smartness and adaptability.

There are at least three reasons why this new knowledge will be useful to you. First, you should be able to identify, monitor, and prioritize the value systems impacting you as a growing, changing, and evolving person. Second, as you listen to life stories or presenting problems in group members, you may be able to get to the core meaning and message more quickly by searching for the underlying deep values. Finally, the group, as a collective whole, may well find itself struggling with deep value patterns and issues as it passes through its own cycles and evolutionary stages. And, this understanding could well assist you in knowing who to place in which group to maintain a creative balance, and who to select as group facilitator.

What Are Deep Values?

Clare W. Graves, Professor Emeritus Psychology, at Union College (New York) was one of the first to describe how deep values (he called them "levels of psychological existence") form, ebb, and flow, and even regress in human beings. Rather then describing people as types with specific traits, Graves focused, in his disciplined research, on how systems emerge in people and societies.

In the early 1950s, Graves became frustrated as he would teach the various psychological theories and therapies to his graduate students at Union College. As was the custom of the day, he would present separate units on Sigmund Freud, B. F. Skinner, Abraham Maslow, and Carl Rogers, as well as others. At the end of the course the students would often ask Graves a question he could not answer: "Which viewpoint is right, Professor Graves?"

As his research and theory building unfolded, it occurred to him that he was actually seeing an evolutionary process at work. Each of the diverse and even conflicting theories is appropriate to certain people dealing with specific problems. Rather than putting everybody through the same therapeutic "car wash," his data suggested that a pattern existed beneath the surface, one that could connect helpers and helpees within common "levels of psychological existence." There would be different psychological remedies for different folks but at different stages of the emergence of their senses of self. Thus, the ideas of "deep values" and "spiral dynamics" were born.

This biopsychosocial perspective is quite complex yet can be reduced to several rather simple and practical concepts. [For a more complete description of the Graves' theory, see Beck and Cowan (1996).]

1. Deep values describe the underlying thought structures and decision-making systems that impact surface level behavior and beliefs. (See Table 3.2.)
2. Deep values are initially formed and constantly change in response to life conditions. This explains why VQ is clas-

TABLE 3.2
Surface and Deep Values

Surface values	**Tangible** (actions, icons, objects, events, behaviors) **Intangible** (ideas, beliefs, thoughts, attitudes, trends)
(Readily observable traits, norms, and choices)	
(Underlying currents, frameworks, and mindsets)	
Deep values	**Core adaptive intelligences** Survival sense Kin spirits Power gods Truth force Strive drive Human bond Flex flows Whole views

sified as an "adaptive intelligence"—one that deals with real-life strategies and coping skills. An inner-city street gang, for example, might be led by individuals with extremely high VQ intelligences for those specific jungle-like conditions. Or, a mature adult may suddenly discover that he or she missed a meaning and purpose-based experience in life and will now seek out a source for a true believer intelligence. It may appear he or she is going "back to basics" when, in effect, he or she is going "forward to stability." The late Yankee slugger Mickey Mantle regretted late in his life that he had given "his children everything in life except purpose and discipline."

3. Deep values can be thought of as codes within a person's (or group's) psychosocial "DNA." Just as our biological scripts are pretty well determined by our genetic DNA, our psychological scripts are certainly influenced by our world views. Rather than being a type of person, these are actually types or systems—within a person. As such, they are ways of thinking about something. You may, for example, detect different value systems in operation within a person on such issues as religion, sports, health, education, and human destiny. Rather than stereotyping someone as a single system, one must always probe deeper to discover "why" that person is thinking or acting in a particular fashion. And, the helper must always guard against the projection of his own deep values motives into somebody else's thoughts and actions.

   Likewise, different counseling and therapy groups will codify their own respective "DNA" scripts, thus creating a distinctive "chemistry." And, as groups mature through the trial and error turbulence of confronting real issues, they will shift their deep values blends to accommodate what the group needs to become to be additive in the lives of its members.

4. Deep values are psychological bottom lines, organizing principles, and survival strategies that are constantly ad-

justing themselves to real-world problems and situations. They are neither good nor bad. Each can express itself in either a negative or positive form. Like powerful, invisible magnets, they can bring people together or may well force them apart. Two individuals may discover complementary deep values when they marry, but if one or both experience significant changes in these dynamics, the relationship will be at risk.

A Deep Values Tapestry

This matrix (Table 3.3) will introduce you to the deep values that have been awakened to date in our psychological emergence as people. These are the eight systems that Graves isolated in his research. These descriptions will highlight the pure forms or nodal states which, of course, will be seldom seen in real people. Rather, we form admixtures, blends, and combinations, and even find ourselves entering one while existing others. For the sake of clarity of communication, this section uses color symbols in the place of theoretical labels.

How Deep Values Change

Value systems change, either within a person, an organization, or an entire society, is most certainly complex. This simplified model might assist you in decoding many of the human dynamics that are revealed in group counseling. This deep values change process flows through a series of passages and transition zones. (See Figure 3.3.)

Definitions of Terms

The *alpha state* is a time of stability when the life conditions and the problems they present are being adequately handled by the active cluster of deep values. It is often referred to as a state of homeostasis or equilibration. The world is basically stable. We hear such phrases as these:

(Continued on page 98.)

TABLE 3.3
A Deep Values Grid

Color code	Existence problems	Thinking	Bottom lines
Beige	To stay alive	Instinctive	Survival
Purple	To placate the spirits	Animistic	Safety & security
Red	To conquer all	Egocentric	Power & action
Blue	To find meaning in life	Absolutistic	Purpose & order
Orange	To be the best	Strategic	Success & material gain
Green	To restore humanity	Egalitarian	Feelings & community
Yellow	To flow with nature	Integrative	Freedom & integrity
Turquoise	To blend with all life	Holistic	Unity & wholeness

Color code	Positive side	Negative side
Beige	Focuses on meeting biological needs; Food, water, safety, sex	Survives at most basic level; little quality of life
Purple	Lives in harmony with nature; attuned to mystical forces; close family bonds	Captive of the group; superstitious and fearful; vulnerable to chieftain desires
Red	Energetic and action-oriented; unconstrained creativity	Inflated ego; unrealistic self-image; exploits guiltlessly.
Blue	Responsible; keen moral sense; obedient to rightful authority	Rigid, intolerant, fanatical; punitive and judgmental.
Orange	Productive; goal-oriented; focuses on results and outcomes; high energy	Materialistic and self-absorbed; compulsive to achieve and have more—constant game player
Green	Empathetic; sensitive to broad human condition; open to feelings; transparent	imposes blind "group-think" denies uniqueness; ignores reality needs; naive
Yellow	Sex complexity in big-pictures; flexibility; lives in natural flow states	Aloof, unfeeling, and selfish; intolerant of incompetent; demands own space
Turquoise	Operates at meta-levels; global viewpoint; complex without complications; tuned in	Surreal; far away from main-mainstream; spacy and detached

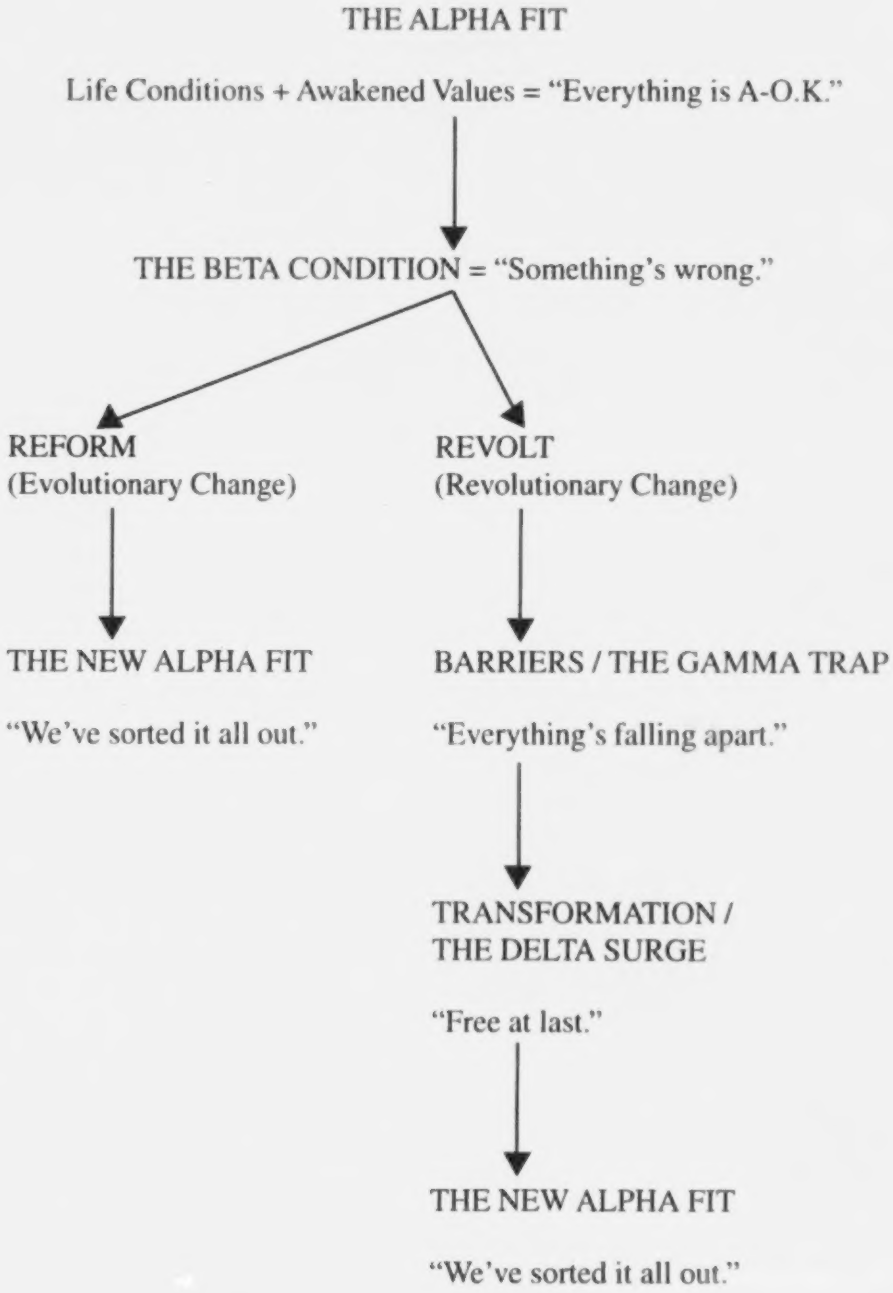
THE ALPHA FIT
Life Conditions + Awakened Values = "Everything is A-O.K."
THE BETA CONDITION = "Something's wrong."
REFORM
(Evolutionary Change)
REVOLT
(Revolutionary Change)
THE NEW ALPHA FIT
"We've sorted it all out."
BARRIERS / THE GAMMA TRAP
"Everything's falling apart."
TRANSFORMATION / THE DELTA SURGE
"Free at last."
THE NEW ALPHA FIT
"We've sorted it all out."

Figure 3.3. Stages of vertical change.

God's in his heaven and all is right with the world.

I've got it made in the shade.

An individual "has it together."

A company is "in the niche."

We're "A-OK."

The *beta condition* arises with doubts. Something's wrong, but what is it? The old ways of living no longer work; the old wineskins cannot contain the new wine. There is slippage. Stress is on the increase, as are various expressions of neuroses. Things are falling between the cracks, but we lack insight as to why. Typically, we respond by (a) doing "more of the same" as we buttress up the preexisting alpha state; (b) we escape to the nostalgia for the past believing "the old time religion will save us once again"; or (c) we recognize that the system is only a system—there are other ways to be, live, or exist. If there is the potential for the new way of thinking and the flexibility to actually change, then an evolutionary avenue opens to a new alpha.

The *gamma trap* deepens the stress as barriers to change appear, in spite of the insight that a person should chart a new course. The barriers could be external and/or internal but, in either case, movement is blocked. Here we find psychoses, acting out, deep anger, and even personal panic. Violence, such as spousal abuse and criminal acts, will be on the increase. Suicide rate is high. One will see evidence of the gamma trap in furious attempts to break away from an unhappy childhood, life scripts, spouse, job, social condition, or religious rigidity.

In the *delta surge* the entity escapes the barriers, is "free at last, free at last," as the old restraints drop away. New, raw energy is activated. There is a considerable amount of excitement as the new wave gains momentum. A person soars like an eagle; a company is on a growth curve; and society blossoms with new ideas, renewed zest, and "can do" attitudes.

The *new alpha state* simply starts the cycle all over again.

APPLICATIONS OF DEEP VALUES IN GROUP COUNSELING: A LEADER'S GUIDE

- Recognizing the "bottom lines" in helpees (group members) as they process, struggle with, confront, and incorporate the deep values and change stages in their personal and professional lives.

- Managing or facilitating the deeper dynamics at work in the counseling group as it morphs itself to meet member and leadership needs, passes through life cycles, evolutionary phases, and levels of maturity.

Zones of Interaction and Activity

Beige——————Survival Instinct——————Beige

Seen as people "bottom out" in a personal crisis. Life comes apart at the seams. There is little prospect for self-directed behavior. All the energy is focused on meeting the basic biological needs because making it through the day and night has the highest priority.

The group shifts into a paternalistic role as it literally takes over both physical and emotional support systems. This often involves a considerable amount of physical touching and attention to feelings. The group transforms itself into a supportive role by stabilizing affect displays and providing sources of nurturance.

Purple——————Safety and Security——————Purple

The need, here, is to establish an emotional bonding to family-like relationships, involving both "mother" and "father" surrogates. Expect a search for ancestral roots, mystical anchors, good spirits, reassuring blessings, and avoidance of hexes, curses, and fearful superstitions. Watch for guru adoration and strong, emotional dependencies. The magical self comes front-center stage.

The group "leader" may be transformed into a strong chief and other group members may become mystical personages and even

Jungian types offering "spiritual" guidance and insight. Traditionally, the group forms an emotionally tight circle and serves as a warm nest. Cultural or group-oriented rituals, rites of passage, and sacred symbols and revered icons provide feelings of imminent safety and long-term security.

Red——————Raw Power and Conquest——————Red

In the red zone, group members are dealing with personal power and primitive self-esteem in their raw, abrasive, and virtually guiltless forms. This involves a dramatic struggle to break free from a dominance/submissive relationship. The "dragon" *must* be slain and totally vanquished from sight. The bull-in-the-China-shop acts of this *powerful, impulsive self* often leave social wreckage and emotional debris in its wake. This system is characterized by demands for instant gratification and lack of responsible impulse control.

The group shifts from a softer, facilitation role into one that confronts, acts tough, and will not let the helpee off the hook. The helper is more Fritz Perls-like; may bring tears; but will also produce positive results. Lines must be drawn and consequences clearly communicated. Respect has to be earned. Many of the behavioral principles, especially positive rewards, will work. "Tough love" counseling strategies should be employed.

Blue——————Purpose and Order——————Blue

Making peace with this developmental stage is one of the critical issues in counseling. This is the meaning-based system, the one that rescues self from egocentric chaos by injecting a sense of transcendence. One surrenders all by finding meaning in a supreme cause, crusade, ideology, belief, racial/ethnic/patriotic identity, or missionary-type movement. The *true believer self* activates high levels of guilt with a number of shoulds and oughts. One is more than willing to sacrifice self, now, to obtain later.

The group must respect the critical importance of this value system even if individual members are still uncomfortable with their own quest for life's meaning. It's normal for people to seek after and recycle life guarantees at different stages of existence. Old needs may surface once again, especially around life and death issues. Religious convictions may rise as outer directed codes of conduct resurface and gain control. The free-wheeling, experimental group culture may be replaced by normative behaviors and a penchant for punishment.

Orange————Autonomy and Progress———Orange

The shift into this zone signals an interest in independence, self-control, and personal commitment to succeed in life. Material possession becomes important as a way of keeping score. The *enterprising self* has high energy, wants to improve one's lot in life, and has a strong future sense. Expect the person to want to take charge, work on self-improvement, and learn how to set goals, measure results, and achieve high status in a community. Personal failure is to be avoided and mistakes will be hidden from others.

The group should help this person become a "winner" and be willing to celebrate successful accomplishments. Strokes and compliments help fuel the ego and provide necessary motivational impulses. Time will be of extreme importance. High-visibility "names" and "experts" will have significant impact. Expect a significant amount of game playing but very little authentic transparency or authentic, emotional sharing.

Green————Introspection and Affiliation———Green

This will be the most active zone for group counseling and therapy, especially among adults. Many will be burned out by rigid ideology, materialistic crassness, and the general artificiality that too many have experienced in their lives. The introspective search for life's meaning will cause them to look inward, attempt to make peace with the inner child, and purge out negative feelings. In its outward social reach it will yearn for warm, trusting relationships with rich and poignant feeling tones. Expect an engaging egalitarian belief system that rescues the underdog and longs for communitarian peace and harmony.

The group becomes a sharing and caring community of equals. Time is of no consequence as long stretches are committed to personal testimonies, grief expressions, and emotive releases. Physical and emotional hugs will proliferate. A very strong in-group set of norms and common feelings will isolate friends, relatives, and business associates. A wide range of feelings and behavior will be tolerated; discipline, productivity, and self-control will be of less importance.

Yellow——Integration and Natural Choices——Yellow

This value system is of recent origin in our culture. We seldom see its dark, pathological side. And, since it is an elite-selfish system (rather than a collective-sacrificial world view), it hears its own drummer and walks a lonely pathway. It does wrestle with problems associated with being misunderstood since it tends to keep its own counsel. It will process these personal dynamics in its own way, and will seldom be influenced by outside perspectives. While the green system attempts to "make peace" with inner selves to bring them into a harmonious relationship, the *integrated self* accepts them all as being legitimate. It will even celebrate their distinctive differences and unique foibles. Life is as is.

The group can best assist a person coping with this systemic world view by dealing with him or her on a one-to-one rather than collective basis. The group should carefully select the member that appears to have the competency to understand this system and a commonality with it. The conversation will be full of information rather than flush with feelings. The system will respond to what is natural, authentic, systemic, and competency based.

Turquoise———Wholeness and Blends———Turquoise

Too early to detect.

Finally, as the group ratchets through spontaneous, serendipitous happenings and navigates along chaos and order crevices, it will need to adjust to each condition along the way. Leadership styles will need to change, even if this requires the replacement of leaders. At times it will form a *purple* circle and resort to historic rituals and symbolism. It may then break the bond by subdividing into *red* feudal empires. This resulting turbulence will create the need for a new *blue* order to surface with rules and regulations. At times the group may turn *orange* as individual members compete for ascendancy and influence. It may then turn *green* and dissolve the status hierarchy into a circle of equals, but without the mysticism and guru-worship of *purple*. Thinking and therapy from *yellow* and *turquoise* perspectives will naturally shift to these shifting requirements. As it solves one set of problems, it will create new ones in their place. The process will never end, as long as the group continues to meet and function.

EFFECTIVE LEADERSHIP TRAINING

Experiential Component

Landreth and Berg (1979) noted that in order to deal more effectively with the anxiety most novice group leaders feel regarding the initiation of an actual group, a more direct experiential approach can be helpful in addition to skill training. Dameron and Engels (1990) and their colleagues listed a direct, hands-on, group leadership experience as a Master's level counselor competency.

The Standards Committee of the ASGW has developed a statement of competencies for Master's level group leaders that contains both knowledge and skill competencies.

We will attempt to share the kinds of directed experiences presently in use at the Master's level in the group counseling courses at the University of North Texas.

The Master's level course in group counseling is the entry level course in the group counseling sequence. The Master's level course occurs late in the curricular sequence and, in fact, is the first formal exposure to study in group counseling for about 90% of the students.

The course is considered a laboratory course and divided about equally between traditional didactic study in group dynamics and counseling and in more direct experiences. The experiential components include an actual counseling group where students participate as members and an out-of-class co-leadership experience.

Aside from the traditional study of group counseling, the experiential objectives and activities are designed so that the prospective group counselor will

1. gain an involved participant and leader understanding of group dynamics, group process, and group counseling;
2. develop sensitivity to the needs of group members with emphasis on listening and responding to feelings;
3. develop a first-hand awareness and understanding of the therapeutic and growth potential in a group; and
4. enhance his or her personal self-understanding through the group membership experience.

The Laboratory Group. Approximately one half of the allotted class time is devoted to group counseling, labeled a laboratory group. Norm class size is 16 students so that, when divided, there are two laboratory groups of eight members each. Groups meet for 1½ hours weekly during the regular academic semester and twice weekly during summer sessions. The laboratory groups are led by senior doctoral students who receive partial internship or licensed supervision credit for their involvement. Since Texas has a counselor licensing law, students can accumulate 50 hours of supervised experience that count toward the requirement for licensure.

The laboratory group component of the course is designed to be a nonevaluative component of the course. Students are encouraged but not required to participate as fully as they can in helper and helpee roles and to test and explore their skills in a direct fashion. Grades are not assigned for laboratory group participation.

Prescreening for group membership suitability is limited to acceptance into the Master's degree program. Group counseling is a required course and all candidates participate. While most students are eager for the experience and graduates consistently rate the experience highly, it is probable that the laboratory groups would be even better were the course elective.

Group members are asked to keep detailed personal journals that focus upon their own in-depth self-exploration in addition to the process of the group itself. Riordan and White (1996) pointed out that such logs can help to integrate group experiences and were found helpful by a majority of group members they studied. Particularly for some members, this assignment increases their personal awareness and facilitates their critical examination of the group process.

Finally, group members arrange for their group's own "extended session" during each semester. This group meeting typically lasts for about 6 hours and provides members with a minimarathon experience within the context of an ongoing group.

The "Out-of-Class" Group. This field-based leadership experience is typically rated as one of the most potent learning activities available to the students. Though there is usually the anticipated anxiety of a first group leadership experience, follow-up feedback has been exceptionally positive. Although data have not been analyzed in a systematic way, written feedback is gathered anonymously at the conclusion of each course. Over the past 20 years, students have consistently rated the "out-of-class" group co-leadership experience as one of the top two learning experiences available to them through this course.

Students are asked to get to know their classmates early in the semester with the ultimate goal of selecting a person with whom they can work as a co-leader. Students who live in relatively the same geographical areas tend to choose each other initially simply out of convenience. To a large extent that seems to work, but the course instructor reserves veto power over co-leader matches where personality types might conflict or in some way be unsuitable. Self-selection works rather nicely and the privilege of instructor veto power is seldom exercised.

When co-leader teams have been agreed upon, students are asked to go directly to the community to generate a group to work with for a minimum of six sessions. This requires the students to plan and organize their thinking and presentation to the people who are potential members. In some cases they must also "sell themselves" to the administrator of the school or agency where they hope to lead the group.

In a large metropolitan area there are many potential placement sites for graduate students to do groups. Typically, schools (public and private), churches, social agencies, college dormitories, nursing homes, and detention facilities provide intact populations from which to select group members. The instructor keeps a list of placement sites where personnel have been cooperative and helpful in generating groups.

While direct, on-site supervision is not provided by the university, student co-leaders are required to make audiotapes of each session. The students have the availability of the doctoral level laboratory group leaders and the course instructor for help should they encounter difficulty in their groups. The audiotapes are used by the co-leaders to review their sessions and do self-evaluations of their leadership interventions.

The preceding group experience fulfills Stockton's (1992) criteria for a competent leadership program in the following ways:

1. Training students to identify selected interpersonal and intrapersonal events that define group process at each stage of development is met through the didactic and experiential components.
2. Providing students with an array of interventions and helping them understand the rationale for the interventions in terms of influencing group process, and development is met through lecture/demonstration, feedback in supervision, and co-leadership modeling.
3. Providing feedback and encouragement to students to help them with risk intervention is facilitated through supervi-

sion and the processing of the lab and out-of-class group experiences.

The entire experience is time and energy demanding. Students find themselves motivated to read and attend carefully to class activities related to organizing and initiating groups. The payoffs, however, are considerable. Student feedback has indicated that if they attend faithfully to administrative and organizational details, the vast majority of group co-leadership experiences are positive and growth producing. Also, once the initial anxiety of beginning a group has been overcome in a relatively safe environment, the chances are increased greatly that these counselors will continue to lead groups in their eventual professional settings.

At the conclusion of the co-leadership experience, each student is asked to submit a short, independently derived, summary of the group experience. This summary includes: group member appraisal, a session-by-session analysis of content and process, and the conclusions they have drawn regarding organizational details and the insights they have developed into themselves as group leaders.

Through a combination of in-class skill practice and then applying the skills to a real live group, leaders have an opportunity to practice a number of group-specific intervention skills.

Among the more prominent are

1. to provide to potential consumers a clear and understandable definition of group counseling and a general description of methods, procedures, and expectations;
2. practice in screening for readiness of prospective group members;
3. the opportunity to develop an effective working relationship with a co-leader; and
4. to operationalize procedures for closing individual sessions and terminating a fixed duration counseling group.

Regarding group process itself, the novice leader will have the opportunity to facilitate therapeutic conditions within the group; deal with various member roles and possibly disruptive members; intervene at crucial moments in the process of the group; intervene with group members' self-defeating behaviors; interpret nonverbal behaviors within the group; and practice appropriate linking, pacing, and interpreting skills during the group process.

Summary. The experiential component in the training of group counselors can add measurably to laboratory directed skills. With a minimum of organization, instructors can create a program design where students can have both a membership and co-leadership experience within a traditional group counseling course. These direct field experiences, while demanding time and energy of the students, have consistently been evaluated as beneficial and constructive.

ASGW Professional Standards

The Executive Board of the ASGW approved a revised document (Appendix B) that had been in study and preparation for several years. A broad survey of trainers of group counselors throughout the United States was conducted in order to ascertain prevailing education practices. Then began a process of synthesizing the data received from all sections of the country into a practical and usable set of professional standards that can be used for guidance in establishing and maintaining a program for training professional group leaders. Individuals who had significant impact upon the original document include Jeffrey Kottler, George Gazda, Robert Cash, Robert Berg, Don Martin, Garry Landreth, and Marguerite Carroll.

CACREP Professional Standards

Counselor training programs in the future will most likely be guided by the training standards developed by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Incorporated in 1981, CACREP is the primary accrediting body of the ACA. The independent CACREP was created by ACA and its various divisions to provide guidelines for excellence in graduate level counselor training programs. While the scope of CACREP's standards is broad and reaches into virtually every aspect of a counselor training program, they do, in Section II relating to Program Objectives and Curriculum, address in a general sense the components of a curriculum for group leader training.

> Groups—studies that provide an understanding of group development, dynamics, and counseling theories; group leadership styles; group counseling methods and skills; and other group approaches. Studies in this area would include, but not be limited to, the following:
>
> a. principles of group dynamics including group process components, developmental stage theories, and group members' roles and behaviors.
>
> b. group leadership styles and approaches including characteristics of various types of group leaders and leadership styles.
>
> c. theories of group counseling including commonalities, distinguishing characteristics, and pertinent research and literature.
>
> d. group counseling methods including group counselor orientations and behaviors, ethical considerations, appropriate selection criteria and methods, and methods of evaluation of effectiveness.
>
> e. other types of small group approaches, theories, and methods. (CACREP, 1991, pp. 48-49)

The evolutionary status of accreditation standards for professional group leaders is evidenced by the relative thoroughness of the documents issued by professional accrediting agencies.

Group Counseling Competencies

In 1990, Dameron and Engels and their colleagues at the University of North Texas compiled a comprehensive guidebook designed to present competencies, behavioral performance guidelines, and assessment scales in all the major counseling specialties. This widely used handbook was the forerunner of the initial counselor accreditation efforts and was published and sponsored by the Association for Counselor Education and Supervision (ACES).

The specific guidelines related to group leadership as given in the handbook edited by Dameron and Engels are presented in Appendix C.

ETHICAL STANDARDS FOR GROUP LEADERS

The group counselor is expected to have a complete knowledge and understanding of the ethical standards established by professional organizations related to counseling and group work. In most cases that would mean the ethical standards of the ACA and specifically for group leaders, the ASGW. Ethical guidelines and standards of professional practice are usually agreed upon regulatory postulates based upon a unifying set of moral principles that the majority of practitioners can support. These typically include the concepts of nonmalificence (do not harm), beneficence (work actively for the good of the client), autonomy (promote the independence and self-sufficiency of the client), justice (the rule of being fair to all parties involved), and fidelity (making sure that promises are kept).

The ASGW and the American Group Psychotherapy Association have both established specific ethical guidelines that are intended to govern the professional behavior of the group counselor, and adherence to those standards is expected as a condition of membership in the association.

We believe that the most effective way of helping beginning group counselors engage in the process of learning ethical decision making involves four key elements: (1) *Personal individual counseling.* This experience can initiate a process of internal focus and examination that will assist in the self-understanding that all counselors need in order to work effectively with others. While we may not always be totally comfortable with where we are in the challenge of handling life's hurdles, the attitude of self-examination is worthwhile in keeping group leaders from becoming rigid and inflexible. (2) *Specific course instruction and training.* As we continue to accumulate a widening body of evidence regarding helpful procedures in group work it becomes increasingly important to insure that leaders are familiar with a range of intervention techniques that are unique to working with people in groups. (3) *Participation as a member in group counseling.* Participating as a member in a group experience can afford the leader in training with the opportunity to directly observe and experience the group as it develops through stages. While not the primary reason for being in a group, the member has an opportunity to watch another person facilitate the group. Also, the member can utilize the experience to continue the personal process of self study. (4) *Supervised experience in facilitating a group.* This final training piece gives the new group leader an opportunity to test his or her developing intervention and group management skills with a live group suitable to the new leader's developmental skill level. Each of these training components can assist the leader in moving toward a position of increased clarity in the ethical decision-making process.

Personal Standards

In addition to adhering to a generally accepted code of ethics, Gazda (1982) suggested guidelines for group leader qualities that could form the basis for personal ethical standards. They are as follows:

> The group leader should have a clear set of ground rules that guide him or her in the leadership of his or her group.
>
> The group leader should be self-confident and emotionally stable.
>
> The group leader should possess high perceptual and communication skills.
>
> The group leader should have a well-conceptualized model for explaining behavioral change.

> The group leader should have evidence that he or she has received training commensurate with his or her group practice.
>
> The group leader should have evidence that his or her leadership is effective, i.e., posttreatment and follow-up data of group members illustrates that they have benefited from membership in the leader's group.
>
> The group leader should possess the necessary certification, licensure, or similar evidence of qualifications generally accepted by his or her discipline.
>
> The group leader who does not possess professional credentials must function under the supervision of a professionally qualified person.
>
> The group leader should attend refresher courses, workshops, etc., to upgrade his or her skills and obtain evaluation of others regarding his or her skills and/or level of functioning. (pp. 88–89)

The development of an effective objective position on ethics is largely dependent on the counselor's self-understanding. Prospective group counselors should examine carefully their own needs that are being met by facilitating a group. A counselor who is unaware of his or her own emotional needs is very likely to inappropriately use the group to meet those needs and will thus be less emotionally available to group members. We consider this a basic ethical issue in that the primary purpose of the group is to meet the needs of group members. Such counselor variables are crucial, and personal limitations must be recognized.

Ethical guidelines and professional standards of practice are designed to provide a consensus position on the minimally acceptable standards for practitioners. No set of guidelines, regardless of how complete and detailed, will cover every conceivable dilemma presented to the practicing group leader. When the codes are silent or fail to address an issue, the group leader must depend upon his or her personal moral code to guide professional decisions.

Following is a brief list of ethically oriented questions often posed by beginning group leaders. In some cases, the codes provide specific guidance and in others they are vague and require further context for ethical decision making. What does the ethical group leader do when

people in the group begin dating each other?

a member engages in joking but thinly veiled threats against another member?

a member comes to the group intoxicated or high?

a group member talks about intent to commit suicide?

a member asks the leader out socially?

a group member breaks confidentiality?

the group facilitator becomes overwhelmed with personal problems?

the group "gang up" on one member?

a member stops coming to group without any notice?

an upset or angry member leaves during the course of a group meeting?

a group member discloses that he or she is HIV positive and has not informed his or her partner?

The ASGW Ethical Guidelines

The ASGW ethical guidelines provide guidance in the general areas of counselor competence; recruitment and informed consent: screening and orientation of group members; preparation of group members; voluntary participation; psychological risks; confidentiality; experimentation, research, and tape recording; protecting member rights; leader values and expectations; insuring member opportunities in the group; treating members equally; personal relationships; promoting member independence and development of personal goals; use of alcohol and drugs; providing help after sessions and follow-up.

ETHICAL GUIDELINES FOR GROUP COUNSELORS

Preamble

One characteristic of any professional group is the possession of a body of knowledge, skills, and voluntarily self-professed standards for ethical practice.[1] A code of ethics consists of those standards that have been formally and publicly acknowledged by the members of a profession to serve as the guidelines for professional conduct, discharge of duties, and the resolution of more moral dilemmas. By this document, the ASGW has identified the standards of conduct appropriate for ethical behavior among its members.

ASGW recognizes the basic commitment of its members to the ethical standards of its parent organization, the American Association for Counseling and Development (AACD) and nothing in this document shall be construed to supplant that code. These standards are intended to complement AACD standards in the area of group work by clarifying the nature of ethical responsibility of the counselor in the group setting and by stimulating a greater concern for competent group leadership.

The group counselor is expected to be a professional agent and to take the processes of ethical responsibility seriously. ASGW views "ethical process" as being integral to group work and views group counselors as "ethical agents." Group counselors, by their very nature in being responsible and responsive to their group members, necessarily embrace a certain potential for ethical vulnerability. It is incumbent upon group counselors to give considerable attention to the intent and context of their actions because the attempts of counselors to influence human behavior through group work always have ethical implications.

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[1] These guidelines, approved June 1, 1989, by the Association for Specialists in Group Work (ASGW), Executive Committee, are reprinted by permission of the American Counseling Association (ACA), 5999 Stevenson Avenue, Alexandria, VA 22304.

The following ethical guidelines have been developed to encourage ethical behavior of group counselors. These guidelines are written for students and practitioners, and are meant to stimulate reflection, self-examination, and discussion of issues and practices. They address the group counselor's responsibility for providing information about group work to clients and the group counselor's responsibility for providing group counseling services to clients. A final section discusses the group counselor's responsibility for safeguarding ethical practice and procedures for reporting unethical behavior. Group counselors are expected to make known these standards to group members.

Ethical Guidelines

1. **Orientation and Providing Information.** Group counselors adequately prepare prospective or new group member by providing as much information about the existing or proposed group as necessary. Minimally, information related to each of the following areas should be provided.

    (a) Entrance procedures, time parameters of the group experience, group participation expectations, methods of payment (where appropriate), and termination procedures are explained by the group counselor as appropriate to the level of maturity of group.

    (b) Group counselors have available for distribution a professional disclosure statement that includes information on the group counselor's qualifications and group services that can be provided, particularly as related to the nature and purpose(s) of the specific group.

    (c) Group counselors communicate the role expectations, rights, and responsibilities of group members and group counselors(s).

    (d) The group goals are stated as concisely as possible by the group counselor, including "whose" goal it is (the group counselor's, the institution's, the parent's, the law's, society's, etc.) and the role of group members in influencing or determining the group's goal(s).

(e) Group counselors explore with group members the risks of potential life changes that may occur because of the group experience and help members explore their readiness to face these possibilities.

(f) Group members are informed by the group counselor of unusual or experimental procedures that might be expected in their group experience

(g) Group counselors explain, as realistically as possible, what services can and cannot be provided within the particular group structure offered.

(h) Group counselors emphasize the need to promote full psychological functioning and presence among group members. They inquire from prospective group members whether they are using any kind of drug or medication that may affect functioning in the group. They do not permit any use of alcohol and/or illegal drugs during group sessions and they discourage the use of alcohol and/or drugs (legal or illegal) prior to group meetings which may affect the physical or emotional presence of the member or other group members.

(i) Group counselors inquire from prospective group members whether they have ever been a client in counseling or psychotherapy. If a prospective group member is already in a counseling relationship with another professional person, the group counselor advises the prospective group member to notify the other professional of his or her participation in the group.

(j) Group counselors clearly inform group members about the policies pertaining to the group counselor's willingness to consult with them between group sessions.

(k) In establishing fees for group counseling services, group counselors consider the financial status and the locality of prospective group members. Group members are not charged fees for group sessions where the group counselor is not present, and the policy of charging for sessions missed by a group member is clearly communicated. Fees for participating as a group member are contracted between group counselor and group member for a specified period of time. Group counselors do not increase fees for group counseling services until the existing contracted fee structure has expired. In the event that the established fee structure is inappropriate for a prospective member, the group counselor assists in finding comparable services of acceptable cost.

2. **Screening of Members.** The group counselor screens prospective group members (when appropriate to their theoretical orientation). Insofar as possible, the counselor selects group members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. An orientation to the group (i.e., ASGW ethical guideline #1), is included during the screening process.

   Screening may be accomplished in one or more ways, such as the following:

   (a) individual interview,

   (b) group interview of prospective group members,

   (c) interview as part of a team staffing, and

   (d) completion of a written questionnaire by prospective group members.

3. **Confidentiality.** Group counselors protect members by defining clearly what confidentiality means, why it is important, and the difficulties involved in enforcement.

   (a) Group counselors take steps to protect members by defining confidentiality and the limits of confidentiality (i.e., when a group member's condition indicates that there is clear and imminent danger to the member, others or physical property, the group counselor takes reasonable personal action and/or informs responsible authorities).

(b) Group counselors stress the importance of confidentiality and set a norm of confidentiality regarding all group participants' disclosures. The importance of maintaining confidentiality is emphasized before the group begins and at various times in the group. The fact that confidentiality cannot be guaranteed is clearly stated.

(c) Members are made aware of difficulties involved in enforcing and ensuring confidentiality in a group setting. The counselor provides examples of how confidentiality can nonmaliciously be broken to increase members' awareness, and helps to lessen the likelihood that this breach of confidence will occur. Group counselors inform group members about the potential consequences of intentionally breaching confidentiality.

(d) Group counselors can only ensure confidentiality on their part and not on the part of the members.

(e) Group counselors video- or audiotape a group session only with the members' prior consent and knowledge of how the tape will be used.

(f) When working with minors, the group counselor specifies the limits of confidentiality.

(g) Participants in a mandatory group are made aware of any reporting procedures required of the group counselor.

(h) Group counselors store or dispose of group members' records (written, audio, video, etc.) in ways that maintain confidentiality.

(i) Instructors of group counseling courses maintain the anonymity of group members whenever discussing group counseling cases.

4. **Voluntary/Involuntary Participation.** Group counselors inform members whether participation is voluntary or involuntary.

    (a) Group counselors take steps to ensure informed consent procedures in both voluntary and involuntary groups.

    (b) When working with minors in a group, counselors are expected to follow the procedures specified by the institution in which they are practicing.

    (c) With involuntary groups, every attempt is made to enlist the cooperation of the members and their continuance in the group on a voluntary basis.

    (d) Group counselors do not certify that group treatment has been received by members who merely attend sessions, but did not meet the defined group expectations. Group members are informed about the consequences for failing to participate in a group.

5. **Leaving a Group.** Provision are made to assist a group member to terminate in an effective way.

    (a) Procedures to be followed for a group member who chooses to exit a group prematurely are discussed by the counselor with all group members either before the group begins, during a prescreening interview, or during the initial group session.

    (b) In the case of legally mandated group counseling, group counselors inform members of the possible consequences for premature self-termination.

    (c) Ideally, both the group counselor and the member can work cooperatively to determine the degree to which a group experience is productive or counterproductive for that individual.

(d) Members ultimately have a right to discontinue membership in the group, at a designated time, if the predetermined trial period proves to be unsatisfactory.

(e) Members have the right to exit a group, but it is important that they be made aware of the importance of informing the counselor and the group members prior to deciding to leave. The counselor discusses the possible risks of leaving the group prematurely with a member who is considering this option.

(f) Before leaving a group, the group counselor encourages members (if appropriate) to discuss their reasons for wanting to discontinue membership in the group. Counselors intervene if other members use undue pressure to force a member to remain in the group.

6. **Coercion and Pressure.** Group counselors protect member rights against physical threats, intimidation, coercion, and undue peer pressure insofar as is reasonably possible.

(a) It is essential to differentiate between "therapeutic pressure" that is part of any group and "undue pressure," which is not therapeutic.

(b) The purpose of a group is to help participants find their own answer, not to pressure them into doing what the group thinks is appropriate.

(c) Counselors exert care not to coerce participants to change in directions which they clearly state they do not choose.

(d) Counselors have a responsibility to intervene when others use undue pressure or attempt to persuade members against their will.

(e) Counselors intervene when any member attempts to act out aggression in a physical way that might harm another member or themselves.

(f) Counselors intervene when a member is verbally abusive or inappropriately confrontive to another member.

7. **Imposing Counselor Values.** Group counselors develop an awareness of their own values and needs and the potential impact they have on the intervention likely to be made.

(a) Although group counselors take care to avoid imposing their values on members, it is appropriate that they expose their own beliefs, decisions, needs, and values, when concealing them would create problems for the members.

(b) There are values implicit in any group, and these are made clear to potential members before they join the group. (Examples of certain values include expressing feelings, being direct and honest, sharing personal material with others, learning how to trust, improving interpersonal communication, and deciding for oneself.)

(c) Personal and professional needs of group counselors are not met at the members' expense.

(d) Group counselors avoid using the group for their own therapy.

(e) Group counselors are aware of their own values and assumptions and how these apply in a multicultural context.

(f) Group counselors take steps to increase their awareness of ways that their personal reactions to members might inhibit the group process and they monitor their countertransference. Through an awareness of the impact of stereotyping and discrimination (i.e., biases based on age, disability, ethnicity, gender, race, religion, or sexual preference), group counselors guard the individual rights and personal dignity of all group members.

8. **Equitable Treatment.** Group counselors make every reasonable effort to treat each member individually and equally.

    (a) Group counselors recognize and respect differences (e.g., cultural, racial, religious, lifestyle, age, disability, gender) among group members.

    (b) Group counselors maintain an awareness of their behavior toward individual group members and are alert to the potential detrimental effects of favoritism or partiality toward any particular group member to the exclusion or detriment of any other member(s). It is likely that group counselors will favor some members over others, yet all group members deserve to be treated equally.

    (c) Group counselors ensure equitable use of group time for each member by inviting silent members to become involved, acknowledging nonverbal attempts to communicate, and discouraging rambling and monopolizing of time by members.

    (d) If a large group is planned, counselors consider enlisting another qualified professional to serve as a co-leader for the group sessions.

9. **Dual Relationships.** Group counselors avoid dual relationships with group members that might impair their objectivity and professional judgment, as well as those which are likely to compromise a group member's ability to participate fully in the group.

    (a) Group counselors do not misuse their professional role and power as group leader to advance personal or social contacts with members throughout the duration of the group.

    (b) Group counselors do not use their professional relationship with group members to further their own interest either during the group or after the termination of the group.

(c) Sexual intimacies between group counselors and members are unethical.

(d) Group counselors do not barter (exchange) professional services with group members for services.

(e) Group counselors do not admit their own family member, relatives, employees, or personal friends as member to their groups.

(f) Group counselors discuss with group members the potential detrimental effects of group members engaging in intimate intermember relationships outside of the group.

(g) Students who participate in a group as a partial course requirement for a group course are not evaluated for an academic grade based upon their degree of participation as a member in a group. Instructors of group counseling courses take steps to minimize the possible negative impact on students when they participate in a group course by separating course grades from participation in the group and by allowing students to decide what issues to explore and when to stop.

(h) It is inappropriate to solicit members from a class (or institutional affiliation) for one's private counseling or therapeutic group.

10. **Use of Techniques.** Group counselors do not attempt any technique unless trained in its use or under supervision by a counselor familiar with the intervention.

    (a) Group counselors are able to articulate a theoretical orientation that guides their practice, and they are able to provide a rationale for their interventions.

    (b) Depending upon the type of an intervention, group counselors have training commensurate with the potential impact of a technique.

(c) Group counselors are aware of the necessity to modify their techniques to fit the unique needs of various cultural and ethnic groups.

(d) Group counselors assist members in translating ingroup learning to daily life.

11. **Goal Development.** Group counselors make every effort to assist members in developing their personal goals.

(a) Group counselors use their skills to assist members in making their goals specific so that others present in the group will understand the nature of the goal.

(b) Throughout the course of a group, group counselors assist members in assessing the degree to which personal goals are being met, and assist in revising any goals when appropriate.

(c) Group counselors help members clarify the degree to which the goals can be met within the context of a particular group.

12. **Consultation.** Group counselors develop and explain policies about between-session consultation to group members.

(a) Group counselors take care to make certain that members do not use between-session consultation to avoid dealing with issues pertaining to the group that would be best dealt with in the group.

(b) Group counselors urge members to bring the issues discussed during between-session consultations into the group if they pertain to the group.

(c) Group counselors seek out consultation and/or supervision regarding ethical concerns or when encountering difficulties which interfere with their effective functioning as group leaders.

(d) Group counselors seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their professional judgment and work performance.

(e) Group counselors discuss their group cases only for professional consultation and educational purposes.

(f) Group counselors inform members about policies regarding whether consultations will be held confidential.

13. **Termination from the Group.** Depending upon the purpose of participation in the group, counselors promote termination of members from the group in the most efficient period of time.

(a) Group counselors maintain a constant awareness of the progress made by each group member and periodically invite the group members to explore and reevaluate their experiences in the group. It is the responsibility of group counselors to help promote the independence of members from the group in a timely manner.

14. **Evaluation and Follow-Up.** Group counselors make every attempt to engage in ongoing assessment and to design follow-up procedures for their groups.

(a) Group counselors recognize the importance of ongoing assessment of a group, and they assist members in evaluating their own progress.

(b) Group counselors conduct evaluation of the total group experience at the final meeting (or before termination), as well as ongoing evaluation.

(c) Group counselors monitor their own behavior and become aware of what they are modeling in the group.

(d) Follow-up procedures might take the form of personal contact, telephone contact, or written contact.

(e) Follow-up meetings might be with individuals, or groups, or both to determine the degree to which (i) members have reached their goals, (ii) the group had a positive or negative effect on the participants, (iii) members could profit from some type of referral, and (iv) as information for possible modification of future groups. If there is no follow-up meeting, provisions are made available for individual follow-up meetings to any member who needs or requests such a contact.

15. **Referrals.** If the needs of a particular member cannot be met within the type of group being offered, the group counselor suggests other appropriate professional referrals.

    (a) Group counselors are knowledgeable of local community resources for assisting group members regarding professional referrals.

    (b) Group counselors help members seek further professional assistance, if needed.

16. **Professional Development.** Group counselors recognize that professional growth is a continuous, ongoing, developmental process throughout their career.

    (a) Group counselors maintain and upgrade their knowledge and skill competencies through educational activities, clinical experiences, and participation in professional development activities.

    (b) Group counselors keep abreast of research findings and new developments as applied to groups.

Safeguarding Ethical Practice and Procedures for Reporting Unethical Behavior

The preceding remarks have been advanced as guidelines which are generally representative of ethical and professional group practice. They have not been proposed as rigidly defined prescriptions. However, practitioners who are thought to be grossly unresponsive to the ethical concerns addressed in this document may be subject to review of their practices by the ACA Ethics Committee and ASGW peers.

For consultation and/or questions regarding these ASGW ethical guidelines or group ethical dilemmas, you may contact the chairperson of the ASGW Ethics Committee. The name, address, and telephone number of the current ASGW Ethics Committee chairperson may be acquired by telephoning the ACA office in Alexandria, VA at (703) 823-9800.

If group counselors' behavior is suspected as being unethical, the following procedures are to be followed:

1. Collect more information and investigate further to confirm the unethical practice as determined by the ASGW ethical guidelines.

2. Confront the individual with the apparent violation of ethical guidelines for the purposes of protecting the safety of any clients and to help the group counselor correct any inappropriate behaviors. If satisfactory resolution is not reached through this contact then:

3. A complaint should be made in writing, including the specific facts and dates of the alleged violation and all relevant supporting data. The complaint should be included in an envelope marked "confidential" to ensure confidentiality for both the accuser(s) and the alleged violator(s) and forwarded to all of the following sources:

    (a) The name and address of the chairperson of the state Counselor Licensure Board for the respective state, if in existence.

    (b) The Ethics Committee
    c/o The President
    American Counseling Association
    5999 Stevenson Avenue
    Alexandria, VA 22304

(c) The name and address of all private credentialing agencies in which the alleged violator maintains credentials or holds professional membership.

TWO COMMON ETHICAL DILEMMAS

Confidentiality

Most counseling ethical codes and guidelines consider confidentiality to be the most binding of ethical principles. The confidence that group members place in the primary rule of confidentiality sets the stage for the development of trust among members and cohesion in the group. Trust and cohesion are the building blocks for productive work in the group.

Group members need to know the importance of adhering to a norm of confidentiality in the group. This needs to be clearly stated at the beginning of the group, when new members are admitted, and at various times during the life of the group. The issue of confidentiality needs to be reaffirmed as the group progresses to deeper levels of commitment and disclosure. Spitz (1996) emphasized the importance of confidentiality by stating, "Confidentiality is a nonnegotiable element in any group and breaches on confidentiality are grounds for immediate dismissal" (p. 83).

We have found it useful to explain and define confidentiality and to provide members with examples of ways that confidentiality can be broken in inadvertent and seemingly innocent ways. After there is a clear understanding of the rule we ask that each member take a personal responsibility for their own confidentiality. Remind the group that confidentiality is difficult to police and enforce so that they must respect the privacy of their fellow members.

The counselor/group leader should make members aware that he or she can be personally responsible only for his or her own confidentiality and can never guarantee confidentiality from each of the members. Leaders need to make each member personally aware of the consequences of intentionally violating the rule of confidentiality.

While members may want to share their personal journey in the group, we also caution about that. While ethically appropriate for a member to talk about their personal insights into themselves and their own growth experiences, we have found it useful to coach group members to talk about what they have learned in the group rather than how they learned it. Bernard and MacKenzie (1994) noted the need to explore the issue of confidentiality with the group and that members will agree with the importance of keeping group material confidential. This helps protect the integrity of other group members and the group process.

Dual Relationships

According to the ASGW ethical guidelines (1989), group leaders are to "avoid dual relationships with group members that might impair their objectivity and professional judgment, as well as those which are likely to compromise a group member's ability to participate fully in the group" (p. 7). Within the guidelines, counselors are given specific examples of possible detrimental dual relationships:

1. combining the teacher/counselor or supervisor/counselor roles,
2. bartering counseling for goods and/or services,
3. socializing outside of counseling sessions, and
4. becoming sexually involved with a client or former client.

In all dual relationships, the counselor must weigh the potential risk to the client. The key factor in determining the effect of a dual relationship lies with use of the power differential which exists within the counseling relationship. Counselors must guard against using the power of the relationship in an exploitive manner to fulfill one's own needs. When in doubt, Haas and Malouf (1989) described some early warning signs that a counselor may be misusing the power of the relationship:

1. Inordinate levels of self-disclosure by the counselor;
2. Eager anticipation of the group's session;
3. Desire by the counselor to extend the span of the group or of a particular member's stay in the group, despite a completion of goals; and
4. Desire or behaviors by the counselor to please, impress, or punish the group or any particular member.

Counselor educators face the dual relationship issue when attempting to train beginning group leaders. Participating in an experiential counseling group is an effective and often used strategy in the training of group counselors. However, an ethical dilemma arises when a student is required to participate in a group and share personal issues in a group where the leader is also a professor who will assign the final grade for the course. According to the ASGW (1989), if a student is required to participate as a group member, the amount or quality of the participation cannot be graded. Steps that can ensure ethical group training include using advanced students, under faculty supervision, as group leaders, or using externally led and supervised groups.

Due to the difficulties and confusion associated with the blurring of different roles, counselors are also encouraged to avoid providing counseling services to relatives or close acquaintances or bartering counseling for goods and services. Unequal expectations and the pressure of special attention creates tension on the effectiveness of the leader and the group. The possible effects of disappointment, resentment, and the loss of the relationship can be avoided by both parties if the counselor makes a referral to another group. An explanation of the ethical standards and the possible harmful effects of the dual relationship can also be helpful to a relative who is seeking guidance. An explanation and providing services pro bono or on a sliding scale can be advantageous to those clients who are seeking barter.

Sexual contact between counselor and client is unethical, and in many states illegal. Pope (1988) outlined the devastating effects sexual relations with a mental health professional could have on a client, ranging from mistrust to suicide. Consequences also exist for the counselor. Counselors who engage in sexual contact with their clients could face lawsuits, felony conviction, fines, and/or license revocation.

The unequal power distribution inherent in the counselor-client relationship demands that the counselor be aware of sexual issues as they surface during the group, both from the clients and from within the counselor. When faced with sexual feelings for a member of the group, ethical counselors will seek supervision and personal counseling. Pope, Sonne, and Holroyd (1993) encouraged therapists to work through personal feelings of guilt and shame surroundimg the attraction by dealing with the issue directly. If the issues cannot be resolved, the leader can arrange for another counselor to facilitate the group. When a group leader is the target of sexual feelings from a client, the feelings should be handled within the context of the group, in an open, honest, and warm manner. The focus can be on how to achieve intimacy with appropriate persons, outside of the group setting.

To prevent misunderstandings of expectations between client and counselor, leaders can make a statement concerning keeping the relationship between counselor and member on the professional level. Leaders can inform clients that a professional relationship exists in the confines of the group session and does not extend to social gatherings or functions. Leaders can safeguard themselves.

The ethical issue of dual relationships is also important within the intermember relationships. Members are discouraged from participating in a group with a professional or personal acquaintance, unless the group is for that purpose. Clients who enter the group with preformed relationships are more likely to hold on to those relationships and form subgroups, which can lead to group friction or a decrease in openness among the members. In addition to discouraging clients from beginning group with known associates, leaders should also attempt to prevent clients from initiating intimate contact among the members outside of group. Due to the intimate nature of personal growth and exploration within many groups, clients are likely to explore the dynamics of close relationships. The leader can point out from the beginning that the group's function is to explore, but not create or provide intimate relationships within the group.

Overall, dual relationships are difficult to avoid, but the effects could be severe, both to the counselor and the client. The gray area of the ethical code creates a dilemma for the counselor who must deal with the issue of dual relationships on a frequent basis. In general, avoid all dual relationships, making liberal use of the referral option. If one cannot be avoided, evaluate the possible effect the relationship may have on the client, consult regularly, and always seek supervision.

SUMMARY

In their classic 1939 study of three generic leadership styles, Lewin, Lippitt, and White noted differences in group member satisfaction, aggressiveness, group-task efficiency, and dependency in response to *authoritarian, democratic,* and *laissez-faire* leadership.

The developmental work of Adler and Sullivan, in departing from classical Freudian psychoanalysis to a more interpersonal orientation, and the more recent work of Thorne, Rogers, Truax, and Carkhuff is noted in the historical background to interpersonal group work.

Carkhuff's work with an interpersonal model that expands upon Rogers' (1957) "necessary and sufficient" conditions to include an action dimension includes the philosophical foundations and a scale for measuring levels of interpersonal dimensions offered by the helper.

Training group counselors should include supervised practica, skill acquisition, and an experiential component typically conducted in the field.

Leaders can also be trained to develop the skill of attending to deep values within the group process. Understanding, identifying, and prioritizing deep value patterns within yourself, as the leader, and also with the group, can assist in facilitating the growth process of the group. The deep values concepts highlights the need for group counselors to understand their own values and how the values of the leader and the members can increase or inhibit change.

Group counselors are confronted with many ethical decisions during the span of a group. Counselors are encouraged to know the ethical guidelines and use them to make informed ethical decisions. Specific ethical concerns such as the risks of group participation, confidentiality, and dual relationships require competent knowledge of the guidelines and a decision on the part of the counselor.

The further professionalization of group leaders was assisted in 1983 with the adoption by the ASGW of the document entitled *Professional Standards for Training of Group Counselors*. The document provides a definition, leader knowledge, and skill competencies, and the minimum number of supervised clock hours required for entry level (Master's degree) group leaders.

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CHAPTER 4

THE GROUP LEADER'S INTERNAL EXPERIENCE

To know when to be generous and when firm—this is wisdom.

Elbert Hubbard, *The Roycroft Dictionary and Book of Epigrams,* 1923

We have been puzzled by the reluctance of counselors, even those who have had a course in group counseling, to organize and facilitate counseling groups. Why do counselors seem so anxious about leading a group? Why are they apparently so resistant to trying a group approach?

A primary reason for the high degree of apprehension is that counselors have seldom been taught precisely what to do and how to do it in a group setting. Effective group facilitation is much more than the application of individual counseling skills onto a group setting. Many counselor education programs have not addressed the equally critical variable of a "real life" group practicum experience. To learn and practice helping skills in the safety of a supportive, effective helper-led group is one thing. To be in a position of having the sole responsibility for facilitating interaction and sharing among a group of strangers and at the same time attempting to deliver high level helping resources is quite a different matter. The experience of facilitating a counseling group is the catalytic agent necessary in the integrative process of melding theory, counselor self-understanding, and practical experience. Such an integration can result in reduction of anxiety as counselors begin to trust the person they are in the process of coping with a group.

THE PERSON OF THE GROUP FACILITATOR

If it is indeed true, as most writers in the field of counseling have proposed, that the person of the counselor is a significant variable in the counseling process (Corey & Corey, 1992; Gazda, 1989; Yalom, 1995), then the prospective group counselor must be provided supervised experiences which allow the person of the counselor to be utilized as a therapeutic agent in the role of group facilitator. How can the prospective group counselor experience fully the person he or she is as a group leader without, indeed, being a group leader? While we agree that a sequential, skill-acquisition approach as discussed by Jacobs (1991) is a necessary and valuable first step, we question the effectiveness of counselor education programs that provide only didactic and/or laboratory group membership experiences for the prospective group counselor.

High on the list of the unspoken fears of counselors are a lack of trust in the group and self-doubt regarding an ability to "handle" the group. Such reactions promote apprehension and reluctance to start a group and conceivably also could be detrimental to the success of the group if the counselor allows such feelings and reactions to persist without being verbalized, explored, and integrated. The logical place to deal with such feelings is in a setting similar to that which precipitates the feelings—a position of leadership in a group. To do otherwise is to be inconsistent with a basic rationale for group counseling.

LEADERSHIP STYLES AND GROUP APPROACHES

The authors take the position that the theoretical orientation of the leader seems to be less important to group outcome than is the nature of the relationship between leader and group members. A number of studies have focused on the relationship variable demonstrating that successful leaders have many characteristics in common regardless of theoretical school of thought (Carkhuff & Berenson, 1977; Lieberman, Yalom, & Miles, 1973).

Accordingly, counselors in training are encouraged to test and experiment with a number of procedures and techniques generally considered to be within a broad humanistic frame of reference. Also, for learning purposes, group size is kept purposefully small, seven to nine members, to promote interaction.

Within this general framework, group supervision focuses on:

1. the quality of relationships and responses, and
2. the appropriateness of intervention strategies within the group as they relate to both the group as a whole and individual members.

GROUP COUNSELING PRACTICUM

As early as 1961 supervised experience in group counseling was considered to be a minimal necessity for counselor preparation. Robison, Jones, and Berglund (1996) hypothesized that supervised group experience would facilitate counselor self-confidence and acquisition of group process knowledge and skills. In keeping with long-standing recommendations in the field, counselors in our group counselor training program are required to organize and facilitate an ongoing counseling group in a setting similar to that in which they anticipate working. In addition to the supervised leadership experience, counselors are asked to keep a diary of their reactions to the experience and to write a self-exploration paper. Our experience has been that the following diary excerpts resulting from initial group leadership experiences are typical of changes in attitudes, concepts, and perceptions of beginning group counselors.

LEARNING ABOUT SELF

The first excerpt is an example of the group leader's need to assume responsibility for the group members.

Excerpt 1: "I learned several things about myself and the way I lead a group. I felt all along that I was trying too hard to *lead*, or structure. This was especially true at the beginning of our first two or three sessions, because they were sitting there without talking much. This is something I need to work on because sometimes I didn't let the group go where it wanted to go. Another thing I tended to do was to respond too quickly myself, not giving the rest of the group an opportunity to act as helpers."

This feeling of pressure or anxiety is related to the counselor's need to "make something happen." Low-level structuring or icebreaker activities are usually enough to help the group get going. After that, the counselor's best investment of energy is to actively facilitate interaction by encouraging, reflecting, listening, clarifying, and linking.

Group leader 2 perhaps sums up the most healthy resolution to the problem of responsibility and control as this person found a direct relationship between self-trust and the ability to trust the group to provide its own direction.

Excerpt 2: "I have come a long way with my group, in learning to accept deep feelings in myself and others. More important I feel that for the first time I trust and accept myself. I have come to feel very comfortable in the group without feeling the need for establishing myself as the authority. I have learned to trust the group. There were a few times when I found myself questioning more than I should."

The next excerpt is provided by a group leader who is learning to trust self without the roles and symbols of status.

Excerpt 3: "I have learned that I must be myself in a group rather than concentrating on the role of group leader. When I started relaxing in my group, the members began to relax. I found myself to be much more facilitative when I quit worrying about what I was supposed to be doing as a group leader. When I relaxed my role, other members began to be more facilitative."

LEARNING ABOUT GROUP PROCESS

The group leader in Excerpt 4 addressed the issue of group member responsibility and how it was resolved. The importance of patience in group work is fully evident.

Excerpt 4: "Overall my group was a good experience for me and, I think, for the group members. The thing that stands out most in my mind was my frustration because of what I thought was a lack of progress after the first group session. I had certain expectations that were not being met, and I blamed myself for the lack of success. I offered a minimum of structure for my high school seniors and after the first two sessions of very superficial kinds of talk, I was seriously considering initiating some kind of direct and forceful approach. I was going to try to push them into something that I considered serious and worth exploring. However, I did not use any more structure in the third session and much to my relief we made real progress. We got to some personal feelings and the group began to jell. I am glad I didn't push them as I was about to do. I have learned to have a little more faith in the group process."

Excerpt 5 is shared by a counselor who was in touch with the potential power of a group and the energy required to stay in tune with all of the things going on in a group. In the opening sentence are suggested at least some of the things that a group can be.

Excerpt 5: "Working with a group is scary, fun, and challenging. I was surprisingly comfortable. It was tremendously frustrating a lot of the time because so much material was presented—far more than could be dealt with in the time allotted. It was a draining experience. I learned that I prefer some structure in early meetings, and in later sessions I feel more free to allow the group to branch out in any direction. The potential within the group for disclosure sometimes frightened me afterwards, but I was never totally at a loss as to how to respond as I had feared would be the case."

Group leader 6 tended to see the group leader's function as more of a member—albeit a member with good facilitative skills. This counselor was able to take a personal dynamic (shyness) and through sensitive projection make it work to the advantage of some group members. In addition, this counselor recognized the significance of group interactions.

Excerpt 6: "Felt relaxed, easy in the group—fit in smoothly as a member—able to help establish climate of acceptance, comfort, safety—able to help those who were a little shy to begin to share themselves freely—felt good about that. I, too, am a little shy and quiet in new situations, and I really appreciate it when someone helps me to get into the swing of it. I'm learning more about tuning in on interactions not just individuals."

As these group leaders discovered, anxiety that results in trying too hard to make things happen, assuming too much responsibility for the group, and lacking faith and trust in the group inhibits the group process. Although frustrating to the beginning group counselor, these important learnings are possible only through experiencing and being personally open to learn about self in relationship to the group. Effective group facilitation is much more than knowing theories and techniques of group counseling. Counselors' recognition and acceptance of their personal needs are crucial to the group process. The more fully group counselors can be themselves in the group, the more effective they will be in attempting to help members to be themselves, and this can be discovered best by "getting your feet wet" in that first group counseling experience.

ENCOUNTERING CARL ROGERS: HIS VIEWS ON FACILITATING GROUPS

Carl Rogers' views on facilitating groups are presented as expressed in a telephone dialogue seminar with graduate students in the Department of Counselor Education at The University of North Texas.

Question: *Dr. Rogers, there are 20 counseling graduate students, sitting in a circle here this morning, and we are all eager to interact with you about your approach to facilitating groups. Because each person is involved in facilitating a group, a current topic is the facilitator's own feelings. How do you keep in touch with your own feelings, Dr. Rogers, when you are facilitating a group? Also, how do you handle your feelings in the group?*

CR: I suppose I have the same kind of difficulty that everyone does in really keeping in complete touch with what is going on at the gut level in me. I think I have improved over the years; partly because that is something you can't accomplish in yourself overnight. Often with me, if I am not in touch with my feelings, I realize it afterward. I notice this particularly when I get angry, which always has been something of a problem for me. Sometimes after a group session, I begin to realize that I was very angry with a member, but I did not realize it at the time. Fortunately, in an encounter group, I usually have a chance to meet the person again and express that feeling. I am quite pleased whenever I can be aware of my anger right at the moment it occurs. Then as to what I do about it, I have kind of a "rule of thumb" that helps me. In any significant relationship, whatever persisting feelings I have, I had better express to the person toward whom they are directed.

In some strictly casual relationships, such as those with clerks in a store, it doesn't make much difference whether I express my feelings or not. In deep relationships, such as those often experienced in an encounter group, however, or in a persisting relationship with a staff member, a colleague, or a member of the family, I have found that I had better express persisting feelings, whether negative or positive, because they will leak out around the edges anyway. The other person will be aware that I am feeling something I am not expressing and won't be sure what because they are getting a rather confused message from me. So if it is anger, dislike, or whatever the persisting feeling might be, I think I had better express it.

One other thing that is important to me is that so often we pile up our feelings, and then they come out as judgments of the other person. If I let my anger pile up, then it might come out in calling the other person names or by making some judgment about that the person and that, I think, is not helpful. If I express it as my feelings, that gives the person a chance to respond and we can enter into fruitful dialogue.

Confrontation

Question: *Do you consider what you have just described to be a form of confrontation? If not, do you consider confrontation to be appropriate once the initial basis of trust and respect is established within a counseling relationship?*

CR: Let me explain my situation. I have learned a great deal about myself and about how to counsel with people because I have become more heavily involved with groups, but I am not doing any individual counseling now because my schedule just doesn't permit it. Part of what I will say is speculation. I am quite certain even before I stopped carrying individual counseling cases, I was doing more and more of what I would call confrontation. That is, confrontation of the other person with my feelings. I don't know what your definition of confrontation is, but mine is to confront the other person with my feelings in relation to their behavior or some specific thing they did. For example, I recall a client with whom I began to realize I felt bored every time he came in. I had a hard time staying awake during the hour, and that was not like me at all. Because it was a persisting feeling, I realized I would have to share it with him. I had to confront him with my feeling and that really caused a conflict in his role as a client. It was my problem, but I was bringing it up to him. So with a good deal of difficulty and some embarrassment, I said to him, "I don't understand it myself, but when you start talking on and on about your problems in what seems to me a flat tone of voice, I find myself getting very bored." This was quite a jolt to him and he looked very unhappy. Then he began to talk about the way he talked and gradually he came to understand one of the reasons for the way he presented himself verbally. He said, "You know, I think the reason I talk in such an uninteresting way is because I don't think I have ever expected anyone to really hear me." He then told me some of his background to explain this reaction. Now that was a very valuable confrontation. We got along much better after that because I could remind him that I heard the same flatness in his voice I used to hear. Saying something like that would bring up some old issues again, he would become much more alive, and as a result I was not bored.

Co-Counselor Group Facilitation

Question: *How do you feel about using a co-counselor in a group, and do you feel it's best if this person has differing views? What type of person do you feel most comfortable with in a group as a co-facilitator or co-counselor?*

CR: A number of years ago, I preferred not to have a co-leader in my group. I would rather form my own relationship with the group and handle it that way. Then I tried working with a co-leader, and it was a very valuable experience for me and the group. For me, some difference in approach between the co-leaders is very helpful. I wouldn't want to see a carbon copy of me being my co-leader. I would like to work with a person with a somewhat different approach. Then, on the other hand, I suspect there are leaders I could not work with because their approaches would be so diametrically opposed we would not be comfortable working with each other. What I say to anyone who is co-leading with me is, "Let each of us work in the way that seems natural to us. If I don't like what you are doing, I will say so, and if I do something you don't like, you do the same." I think it does an enormous amount of good for a group to find that the co-leaders are human and can differ openly and work out their differences right in front of the group. That helps the group members to do the same sort of thing.

When I think about the kind of person I like to work with, I think about Bob Tannenbaum at UCLA. I have worked with him two or three times, and I like very much to work with him because he is better at stirring up people's feelings than I am. I think I work very well with a group that is already having some feelings they would like to express. With an apathetic group that really has nothing to say, or express, Bob is very good at sort of provoking relationships. If I knew exactly what he did to stir things up, I would tell you. He is just a sparkling person. People react to him and begin to express feelings if he is in a group. That helps a group to move further and more deeply. He happens to be the kind of co-leader I like to work with, but for someone else it probably would be a different type of person.

I do think there are a number of advantages to working with a co-leader. For example, I think of one incident where I got very angry with one member of the group. Although I am sure there was some irrationality in my anger, the co-leader was very helpful in understanding my point of view and also the point of view of the group member. He handled us both as participants during that interchange, and I think that is one of the advantages of having a co-leader. We both received help in resolving the problem.

Nonverbal Group Exercises

Question: *In various kinds of groups, nonverbal communication exercises are used a lot. Do you have any reactions to that?*

CR: Yes, I do. I have a lot of respect for the wide use of nonverbal communication, body contact, and that sort of thing, but I am not particularly good at nonverbal exercises myself. The environment I was brought up in was too inhibited, and although I don't like to do anything that is not spontaneous, this part of me has experienced slow growth. In recent years, I have become a lot more spontaneous. I will go across a group and put my arm around someone who is in pain, but I don't do much to stimulate nonverbal communication. I just think it is a mistake for any group leader to try a procedure with which he is not comfortable. The group will pick up the discomfort in a minute and will know the leader is going beyond what is comfortable. I really regret I am not as skilled in that realm as I would like to be.

Question: *Dr. Rogers, do you place any limits on nonverbal techniques when you evaluate some of the more experimental things being done?*

CR: My personal judgment is that it is quite possible to be very cultish about body movements. The worst example is the nude marathon where the assumption is if you take off your clothes you are also removing your inhibitions. I think that is a lot of bunk. Publicity seekers have entered that field and gotten reams of publicity about it for all of us. I don't like anything that makes a cult out of groups. On the other hand, I have seen someone like Joyce Weir take a group and begin with them very gently doing different kinds of body movements. In her groups, anyone has a chance to opt out. In other words, you can choose not to participate if you wish.

I don't like the idea of limits where everyone must do the same thing. If members of a group began to do something I didn't like, I would feel very free to express my reaction. Then what the members do about it becomes a group consideration and is not just up to me. I have never had to face that situation; so I don't like to say exactly what I would do because I have never had a group run away with the idea of body movements.

Extended Group Sessions and Marathons

Question: *Since we have such a limited amount of time to invest in counseling, how do you see this time best used if we are going to work with groups? For instance, would one 12-hour session or four 3-hour sessions be more profitable? What is the most appropriate way to use our time if we can use it as we want?*

CR: My answer to that keeps changing a little as time goes on. Personally, what I like and what I think is most effective in an intensive experience of approximately

12 hours, which I distinguish from a marathon, followed by briefer follow-up contacts of perhaps 2 or 3 hours. We have in the whole group movement tended to put too little emphasis on the follow-up. I think sessions of shorter duration are very important and necessary in working with students, but I like the intensive longer sessions. First, I prefer a whole weekend, with evenings off for rest, if I can get it, then later follow-up contacts.

Question: *Dr. Rogers, what is your reaction to marathon groups? Do you have any recommendations as to how a counselor might prepare to become a marathon leader or facilitator, and what is your reaction to marathon groups for couples?*

CR: If you are interested in marathon groups, the best thing would be to become a participant in some marathon and see what your reaction is. I don't particularly care for marathons but that is not a criticism. I think partly it is because I need some sleep and don't relish going 24 hours straight. I have tried marathons once or twice and it has not seemed to me to be preferable. An intensive 12 hours with a group is grueling enough and seems to me to be as effective as a marathon.

You asked what I think about marathons for couples. I don't favor marathons for couples. In a couples' group, one of the good things that happens is in the hours between sessions or in the late evening or early morning hours, each couple begins to digest and assimilate what they have gained from the group. I would really prefer, especially in couples' groups, to meet with the group on an intensive, but not marathon, basis. On the other hand, if a group could only get away one day, then it might be better to have a marathon than to simply have a 10- or 12-hour session during the day. I have never really tried that. But I feel that if a group could only get away for one day and were eager to get as much out of the experience as possible, then they would enter the marathon with a very good attitude and that would make a great deal of difference in whether it would work.

Owning and Expressing Feelings

Question: *Dr. Rogers, you said your reaction to the marathon is based on your becoming tired. Do you also feel this is a crucial issue for the participants you have been with?*

CR: One of the arguments that is often stated for the marathon is that people get so weary that their defenses drop, and they express attitudes they otherwise would not have revealed. That may be an advantage, but it is also one of the disadvantages. I like for individuals to be responsible for what they express in a group. If the member can say to himself or herself afterward, "Well, I did not really mean that. I was so fatigued it just came out of nowhere," then I don't believe the experience is going to be helpful. Being responsible for the feelings expressed is one of the things that makes any type of counseling or group encounter helpful. For example, when I carried an active client load in counseling, I can think of one or two clients who would come in somewhat drunk and while drunk they might express attitudes and discuss things they wouldn't reveal in a sober state. But then in the next interview, they would back away and say, "That wasn't really me. I had a little too much" and so forth. So I don't think the expression of feelings can be helpful unless the person is willing to stand behind the expression of feelings.

Question: *I really did appreciate your answer to that question, Dr. Rogers. How free do you feel to react to what group members do in the group? For instance, if you perceive that one member in the group is manipulating the group, would you bring this out or would you wait for one of the group members to react?*

CR: I would certainly wait for a time to see if a member of the group did object. If I felt the group was too fearful or was not strong enough to handle the member, then I am sure my feelings would begin to build up and I would express my feelings, I would not be trying to protect the group so much. It would just be that if I knew a person was manipulating the group, and no one was objecting, then I couldn't help but object. I would be guided by my own feelings. I think, ordinarily, I would like to give the group a chance to handle such a situation rather than give them the feeling I would handle it for them.

A Different Rogers in Groups?

Question: *I would like to change the subject a bit. I have watched you work several times in groups and what I am seeing is a different Carl Rogers than the picture we have in an individual counseling session. Can you tell us how you are different in a group, why you are different in a group, and what kind of behavior you are trying to elicit that you don't in an individual session?*

CR: First, let me pick up on the last part of your question. I don't think in either individual counseling sessions or an encounter group I try to elicit something. You speak as though it were a conscious objective on my part and to me that makes a difference. If I was doing something with a member, thinking "this will cause her to react a certain way and to move in a particular direction," I would not like myself for that.

I do believe spontaneous reactions to be an influence on people, that is certainly true. I like myself best in a group when I am not using any planned procedure. One thing I don't like about myself in the file, "Journey Into Self," was that I was clearly anxious at the beginning of the group and I was not aware enough to just say so. Instead, I gave a much longer introduction to the group than I would normally do. I just talked and talked and I would have like it much better if I had been more aware of my anxiety and said, "Oh boy, I am really somewhat scared, but I think we will all get along." That, therefore, expresses my doubtful feelings better than the long speech I gave.

As to the differences in my behavior, yes, I do behave differently in a group than I did in individual counseling. I think if I went back to individual counseling, I would behave somewhat differently now than I did then. The main difference as I see it is that I would be more expressive of my own feelings. I would let things enter the relationship more than I used to. Let's see, why is that? I think it is that I have grown somewhat more free through my participation in groups. Then, too, there are some feelings that I have in a group that I must confess I have never been aware of in an individual counseling situation. I don't ever recall being really angry at an individual client, I am not bragging about that, I am just saying as far as I can recall, that is the truth. Yet in the more complex situations of a group, I can become quite angry at an individual's behavior. Usually the individual's behavior toward others is what stirs up anger in me; so perhaps that is why it didn't occur in the individual counseling situation. There is no doubt that work with groups and my own personal growth have made me realize my feelings have a perfectly good place in the relationship as well as my being very sensitive to the feelings and attitudes of the other persons. Let me put it this way, I think any expression of real feeling certainly has influence on another person.

The Counselor's Expression of Values in the Group

Question: *Often in your writings you have stated or implied a counselor should not make personal evaluations or* *judgments in a counseling situation. When you are working with someone and you feel what that person is doing is wrong, how do you handle that?*

CR: Well, whether it is because of my personality or my experience in counseling, I am not judgmental in interpersonal relationships as many people are. The way I would say it is there are few things that bug me or shock me. While for some other people I know, there are many things that bug them and shock them or arouse strong feelings. If that is the person's attitude, then it is possibly better that it be out in the open than trying artificially to keep it covered up.

You used one word I don't think I have ever used, or at least I hope not. "The counselor should be nonjudgmental." I don't tell counselors what they should do. I describe the relationships that seem to me to have been the most productive of personal growth. To put it in more graduated terms, I would say yes the less judgmental a counselor is, the more likely he is to produce a climate in which growth will occur. But if in fact he is feeling judgmental and evaluative, then I would be inclined to say bring it out in the open as something in you. Say something like, "I think I should let you know to me that seems wrong," which is different from saying, "That is wrong." The latter really is basically a judgment on the other person, but to let that person know your values would be better than trying to keep it to yourself. If you think it is wrong, the other person is going to pick up that attitude, I am sure.

The Future of Group Work

Question: *Dr. Rogers, we have seen a tremendous movement in personal growth through groups. Would you comment about what you see in the future for groups and what you would like to see?*

CR: The thing I would like to see happen in the whole group movement is to see it multiply in its various forms. I have been primarily involved in encounter groups aimed toward personal growth, but there are task-oriented groups, organizational development groups, and other varieties of groups or new forms that might emerge. One thing I would hope would occur in the lower levels of education is that an encounter group would become unnecessary because the whole climate of the classroom would be of a sort that both intellectual thoughts and highly emotional feelings could be expressed; then the whole person could be attending class, not just his head. Those are two things I would like to see develop out of groups. I think the group movement has a lot of implications for our culture because it is a counterforce against all the impersonal qualities of our technological civilization.

Thank you for sharing your thoughts with us, Dr. Rogers.

Carl Rogers (1902–1987)

Despite nagging minor illnesses and failing eyesight, Carl Rogers remained professionally active until the time of his sudden death following hip surgery on February 4, 1987 at age 85. Born in Chicago, he taught at the Universities of Wisconsin, Chicago, and Ohio State and served as director of the Child Guidance Clinic in Rochester, New York. From 1963 until his death, he lived and worked in La Jolla, California at the Center for the Study of the Person.

Rogers impacted virtually every corner of the fields of counseling and psychology with his then revolutionary ideas and theories, many of which now prevail in the humanistic, 3rd force movement in psychotherapy.

In his later years, Rogers pioneered the use of his person-centered methods in the encounter group movement. During the last

20 years of his life, he devoted almost all of his time exclusively to the development of group work in small and large social settings. It is likely that no other single individual has had the impact on group work that Carl Rogers did. His ideas and theories are far too numerous to list here. In spite of his enormous stature and eminence, he remained an almost simple man—an embodiment of his theories. He could listen. He will be greatly missed.

SUMMARY

This chapter focuses on the internal experience of the inexperienced group leader and suggests direct, supervised experience to overcome initial anxiety.

Carl Rogers presented some of his views on facilitation groups including the use of his own feelings, confrontation, co-leadership, nonverbal exercises, extended sessions and marathons, and owning and expressing feelings. Also, Rogers explained his different approach to group versus individual therapy, discussed the expression of values in the group, and concluded by speculating about the future of group work. He was hopeful that interpersonal groups can provide a counterforce to the impersonal qualities of a technological civilization.

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CHAPTER 5

INITIATING A COUNSELING GROUP

By artist I mean of course everyone who had tried to create something which was not here before him, with no other tools and material than the uncommerciable ones of the human spirit.

William Faulkner, speech,
New York City, January 25, 1955

Although theoreticians and researchers in group counseling have long demonstrated the efficacy of group procedures in many settings (Emerson, 1995; Hinkle, 1991; LaFountain & Garner, 1996), a continuing puzzlement to many counselor trainers, particularly those involved in group training, is that practicing counselors are not more involved in counseling groups. Many counselors have had specific group-counseling training and others would have little difficulty transferring their individual skills to a group setting. Nevertheless, some hesitancy seems to exist about taking the initial step. Many counselors seem unwilling to risk beginning a group program. In private conversation, many express themselves as accepting on an intellectual level that groups provide a therapeutic situation that cannot otherwise be achieved. At the same time, a hesitancy exists on the part of the counselor to begin such a program. Typical of the concerns raised are, "I'm not sure what to expect from a group," and "I'm not sure what my role should be in a group." Reluctance to attend the myriad of details involved in getting a group program started also seems to be a major factor.

Those counselors who have begun group programs consistently report that they become committed to groups as a potent counseling vehicle and in may cases it becomes their preferred intervention mode. Not unlike a client who is viewing a number of options with anxiety and trepidation, our hypothesis is that some counselors never begin group programs simply because too many potential roadblocks and details need to be attended to.

With the available fund of knowledge relating to positive outcomes, procedures, and process, the practicing counselor must take the initial plunge into a first experience with group leadership. If the first group experience is a positive one, both for the members and the leader, more likelihood exists that the counselor will continue to use groups as an intervention method.

Most experienced group leaders report that the time spent attending to what might be considered minor details enhances the chance of a successful first experience. From numerous discussions with practicing counselors and trainers, the following guidelines were developed that conceivably could be used by the counselor as a checklist of activities to follow in getting a group started.

PREGROUP ORIENTATION

Group processes, as such, are not automatically therapeutic. Just as in individual, one-to-one relationships, the group can be for better or for worse. One of the major variables, perhaps the most crucial, is the group leader. The leader is primarily responsible for structuring the group and engineering the dynamics in such a way as to promote positive growth in group members. Any group leader who has taken the time to hone interpersonal skills so that he or she is a constructive helper has the right and responsibility to create the conditions before and during the group that will maximize the potential for a constructive, growing experience. Group leaders owe it to themselves to do everything they can to insure a successful outcome. Several things can be done or attended to before the group meets for the first time. The following are some of the considerations that can be classified as pregroup activities.

Selection and Composition of Group Members

Until young adulthood is reached, college age and beyond, group members within a rather narrow age range is best. Throughout the school years, grade level seems to be a practical and sound method of selecting group members.

During the high school years grouping 9th and 10th graders and 11th and 12th graders works well. The developmental concerns of 9th graders, however, are vastly different from those of 12th graders and maturity levels impact group interaction.

Less need exists to be concerned about age homogeneity at college level and beyond. Usually by this age a sufficient level of maturity is available to foster an appreciation for the developmental concerns of those different than self. Differences and varied concerns can enhance an adult group and provide a wider range of opportunities to experience and facilitate new learning.

Preselection of group members is not always possible. When possible, however, it is the preferred condition. It may be necessary to work in groups with intact populations, for example, or time considerations may interfere with preselection procedures. While a pregroup screening interview is preferred, the group leader will not always be able to afford this luxury, so he or she should sharpen assessment skills and implement procedures to screen during the initial group meeting. Following is a list of essential tasks that should be accomplished either in a pregroup interview or during the initial meeting:

1. *Assess the potential members's readiness for a group experience.* The potential group member should have good motivation for change and an expectation of success.

2. *Select as group members persons who are maintaining at least one minimal primary interpersonal relationship.* This reservoir of successful experience will help the member deal with multiple relationships in the group.

3. *Select only persons who have relative absence of pathology or problems too extreme for group members to deal with.* This factor, combined with factor 2, would indicate the need for a referral to individual therapy until such time as potential member could profit from a group experience. Researchers in the field have observed that individuals who are motivated to change and desire to work on issues such as loneliness, relationship problems , and low self worth benefit the most from group counseling (Piper & McCallum, 1994; Salvendy, 1993; Yalom, 1995).

4. *Determine the potential member's "fit" in the group.* Ideally, the total group would be fairly heterogeneous in terms of personality dynamics. This allows for greater creativity in problem solution and provides a wider range of interactional possibilities. This is especially important when groups are organized around common problems such as traffic violations, alcoholism, divorce, spousal abuse, or substance abuse.

Physical Setting

The group setting should be a comfortable, attractive, inviting room that is small enough for intimacy without being crowded. Preferably, the room should be carpeted and provided with low, comfortable chairs and floor pillows so that group members can choose where and how they wish to sit. Low, soft, indirect lighting is preferred over harsh ceiling lights.

Freedom from outside distractions and complete privacy is essential. Coffee and soft drinks are acceptable, but food can be distracting. For extended sessions when eating is required, the preferred procedure is to take a formal break for eating rather than incorporating the meal into group time.

When the group is meeting for many separate sessions, the same meeting room is recommended as a consistent home base for security purposes. This does not rule out an occasional variation when appropriate or even necessary in order to change a set or introduce new stimulation.

Finally, group members should sit in a circle so that each member can view everyone fully. No obstructions should exist between members such as a table or a desk. Members should be close enough to reach out and touch each other if they choose but at the same time not so close that they cannot shift body position without bumping someone. The aim of paying attention to these physical arrangements is to provide options for the integration of both intimacy and privacy.

Media and Instructional Aids

A wide range of techniques are available that are limited only by the creative ability of the group leader. The use of techniques of any kind ought to serve a very specific purpose, such as stimulating interpersonal communication, providing data for members' perceptions of self, or cognitive input designed to provide information to group members so they can consciously work on a given skill or skills.

Appropriate media for these purposes might include music, poetry and poetry writing, painting, dancing, videotape feedback, human development exercises, and simulation games. The key is that the group leader needs to be very careful and insist that the media used is worth the time invested in it, that it is constructive and conducive to further realization of human potential, and that the leader has full command of the technique employed. A major factor is that the media remain a stimulant or catalyst for interpersonal exploration rather than becoming an end in itself.

Meeting Times: Length and Duration

Weekly or semi-weekly sessions from 1½ to 2 hours in length over a specified period of time are preferred. Sessions of less than

1½ hours are too short for adult groups due to warm-up and transition periods. Longer sessions, unless planned for in the prearranged context of an extended session or marathon, can be counterproductive if they become tiring for the members. For children's groups, a 30- to 45-minute session is probably all they will endure before their concentration begins to wander.

In most school and agency settings, specified beginning and ending sessions are preferable to open-ended groups. This can range anywhere from 10 to 25 sessions but should have a definite duration. Just as in the 50-minute hour, duration tends to set up a series of expectations on the part of group members. If at the end of the specified time, work is still to be done, the group should be formally dissolved and reorganized. Most likely, not all of the members will want to continue.

An extended session, ranging from 8 to 15 hours, is a possible option for an ongoing group. A marathon is recommended as an extended session that is part of the total group experience, rather than a free-standing, one-shot occasion. The extended session is usually scheduled after the group has had several regular sessions and has developed its own style. The extended session is best placed about three quarters of the way through the life of the group so that adequate follow-up time is available if necessary.

Some groups also can be compacted into daily or twice daily sessions over a short period of time to increase impact. This "total impact" approach is best used in a distraction-free setting where participants are in residence for a specified period of time and the group is used in conjunction with didactic training. This particular schemata is popular with school personnel, organizational development units, inpatient settings, and other intact organizations where retreat type workshops are administratively convenient.

Preferred Group Size

To promote maximal interaction effectiveness in the group, the number of members should not exceed 9 or 10 for adolescent and adult groups. Groups for children would normally include five or six members. Also, the minimum number for adults should not be fewer than five members. This number provides enough people to tap the resources of the group dynamic while at the same time keeps the group small enough to allow closeness and intimacy. With numbers larger than 10, the group leader has difficulty in attending to all group members. Many transactions will be lost simply because time is not sufficient for all to become involved. An unrealistically small number in the group can create unwanted artificial pressures to respond and participate.

An effective configuration in a workshop or training setting is for large groups to be brought together in one assembly for the didactic or instructional phases of the program. The large group could then be disbursed into small groups with an individual group leader for intra- and interpersonal development.

Establishing Ground Rules and Primary Expectations

Unnecessarily rigid rules for groups should be used only to provide guidelines for members and to insure protection and safety while maintaining maximum freedom to explore and test new behaviors.

In a pregroup interview, a helpful procedure is to review some of the primary expectations with prospective group members. An efficient way to do this is to simply print a statement or list on a single sheet of paper so that the group member can look this over before the first meeting. Where an interview is not possible, this should be a primary agenda at the first meeting. Minimal rules and expectations would include the following:

1. *Attend sessions regularly and on time.* When accepting membership, the new group member should respect the time of the leader and the other group members by observing time frames carefully. The group leader also will find advantages in starting and stopping each group session promptly. This helps create an atmosphere of work and also allows the members to plan their out-of-group time efficiently.

2. *Maintain confidentiality.* This is absolutely crucial to group development and a concrete understanding needs to be obtained on the part of each group member. Talking outside the group in any form should be discouraged, and talking about the group and its members to nongroup participants should not be allowed. With this requirement, group members can at least have an assurance of bureaucratic type trust which opens the possibility of developing psychological trust at deeper levels.

3. *Listen carefully to other group members.* In order to earn the right to share oneself with the group, each member has the responsibility to tend carefully to other members while they are the focus of attention. This increases respect and allows for practice of tending skills.

4. *Be honest, concrete, and open in discussing problems.* The group member can expect to get back from the group about what he or she is willing to invest in it. All groups offer the opportunity for members to function both as helpers and members. Groups tend to develop most helpfulness when a commitment is present on the part of members to be as genuine and frank as possible.

5. *Set concrete goals for self-growth.* The group members should demonstrate a willingness to profit from the group experience by actively seeking clearer focus on solutions to problems. These should be stated in terms of goals for self. Work toward growth increases dramatically, within and without the group, when individuals have set obtainable goals.

6. *Make a commitment to attend the first four meetings.* This expectation is based on the idea that it takes a minimum of four sessions for the individual to do a realistic assessment of the group, the members, the leader, and the possible gains available for self. If at that time the member decides that his/her needs are not being met, he or she has fulfilled the initial obligation and is free to terminate.

Procedural Group Rules. Whereas informal group rules and norms will grow out of the unique life of any group, some minimal procedural rules are sometimes helpful to assist the group in getting started. If the procedural rules are distributed by the leader to all members during the intake interview, they will have an opportunity to read and reflect upon them before the first meeting. These rules then can be used as a method of beginning the initial session. Discussion can ensue regarding the rules and additions and/or deletions can be made according to the needs of the particular group.

In Table 5.1 a list of minimal procedural rules (guidelines) that we use for our groups is presented. These, of course, can be modified with regard to content and language to fit the particular age group involved.

RULES FOR GROUP PROCESS

Group counseling is a learning experience and members must learn how to work together to maximize the learning possibilities. The assumption cannot be made that group members already know how to work together as a group. Because the group counseling experience will be new to most members, an often helpful procedure is to provide a list in the first session of general guidelines of expected or suggested behaviors that other groups have found to be facilitative.

The following list of rules for the group could be copied and distributed to group members with instructions to select the rule they think they will have the most difficulty following. Members could then be encouraged to share the rule they selected and why they think it will be difficult for them. Other members could then offer suggestions about how they could help or what that person might do to help himself or herself.

1. *Let others know what your ideas are.* What every member has to say is important. Sharing your thoughts and reactions with the group will stimulate other members and will help them to share what they are thinking.

TABLE 5.1
Procedural Group Rules and Guidelines

1. *Confidentiality.* This is the most binding group rule. You may share your personal pilgrimage and growth with your spouse and/or friends, but any personally identifying information about anyone else in the group is confidential. Personally identifying information is given in confidence and should be guarded as private.
2. *Goals, procedures, and leader qualifications.* You have a right to know the general and specific purposes of the group. This is primarily important in the beginning stages, but it will be your responsibility to talk about it any time you have questions.
3. *Attendance.* Regular attendance is expected. Absences are rare. Group process requires time. Six weeks is a bare minimum to expect any lasting personal results. Results frequently depend upon relationships that are built and maintained over a period of time.
4. Participants are responsible for claiming time to work, rather than relying on the leader to make sure each participant has time. No one is required to participate or share information about him- or herself, unless he or she chooses to do so. For maximum benefit from the group process, however, participants are strongly encouraged to get involved in all aspects of the group process, including discussion, sharing, participating in exercises, and completing homework assignments.
5. *Alcohol and drugs.* The use of alcohol and illegal drugs is prohibited prior to and during group sessions. If you are taking prescription medication under the supervision of a physician, you should inform your group leader.
6. *Freedom and permission exist in the group.* Any behavior, dress, expression, or action that you wish to try is acceptable.

   Exceptions:

   (a) direct physical violence; and
   (b) overt sexual activity

7. While groups can activate powerful sources of potential growth, there can and may be some risk involved in the process. When people commit themselves to growth and change, they may expect some periods of turbulence in their lives. Growing might include significant life changes.
8. Any relationship developed in the group or as a result of associations from the group is the property of the group. Failure to share the outside group relationships and actions robs others of the full process.
9. *Leaving the group.* If you decide to terminate, please give the group leader and members one week's notice. Frequently, persons who terminate all in one session act on impulse and fail to profit from the power of departure procedures. When you initially join the group, you will be expected to commit yourself to a minimum of four sessions.

Note: These rules are based on the 1989 revision of the *Ethical Code for Group Leaders* as sponsored and adopted by the Association for Specialists in Group Work.

2. *Ask your questions.* If you have a question or you want to know more about something, ask. No such thing as a stupid question exists in this group. Several other members probably want to know the same thing.

3. *Do not do all the talking.* Others want to participate also and they cannot if you take too long to express your ideas.

4. *Help other members to participate.* If someone looks as though he or she wants to say something but hasn't, encourage that person to do so. You could say, "Karla, you look as though you'd like to say something." Silent members may especially need your support and encouragement to participate verbally. Don't overdo it though. A member doesn't have to talk to be involved in what is happening.

5. *Listen carefully to other members.* Try to listen so intently that you could repeat what the other member has said to his or her satisfaction. You aren't listening effectively if you are thinking about what you are going to say when you get the chance. Give the other person's ideas a chance and try to understand what he or she is saying. Listen to other members the way you would want them to listen to you.

6. *Group members are here to help.* Problems can be solved by working cooperatively together. In the process of helping others, you can help yourself. The information you have can be helpful to others. Suggesting alternatives or causes can help other members to make better decisions.

7. *Be willing to accept another point of view.* Don't insist that you are right and everyone else is wrong. The other person just might be thinking the same thing. Try to help other members to understand rather than trying to make them understand.

8. *Keep up with the discussion.* If the discussion is confusing to you, say so.

9. *In this group to talk about your feelings and reactions is acceptable.*

FACILITATING RESPONSIBILITY

Assumption of responsibility for one's own behavior is not something that occurs automatically in group counseling. The group counselor must be able to facilitate the kind of climate which not only allows but encourages group members to become involved in the process of determining what they will contribute and what they will get out of the group.

One of the major objectives of group counseling is to help members assume responsibility for themselves and their behavior. However, in initial group counseling experiences, counselors often feel they are solely responsible for almost everything that occurs in the group. Such an attitude may deprive group members of an opportunity to experience responsibility for many decisions they could make.

Depending upon the group counselor's theoretical and philosophical position, the perceived role is either to initiate, motivate, encourage participation, or facilitate involvement. The counselor is not, however, responsible for "running the show." Group members need to share in the responsibility for what happens in the group. Therefore, the focus of attention in the group should be on the members.

Keeping the Focus on Group Members

Group members cannot be helped to learn about responsibility through observation alone. If group members are to assume responsibility, they must be allowed to experience the process of decision making. If the group counselor makes most of the decisions concerning the group, even the seemingly minor ones, dependency is much more likely to be fostered than responsibility. A better group counselor's approach would be to enable members to become more aware of their own strengths and the strengths of

Allowing and helping group members to accept responsibility are especially crucial in the first few group counseling sessions because the tone is being set for succeeding sessions. Therefore, an important activity is for the group counselor to demonstrate in the early sessions that members can be responsible to each other and for themselves. The following points may be helpful in facilitating responsibility:

1. Helping members learn how to work together effectively is a slow process and requires much patience on the part of the counselor.

2. Group counseling is a new experience for most members. The counselor must remember that members may need time to learn how to work together effectively.

3. Due to the nature of group process, the counselor may think little is being accomplished in the first few sessions. The counselor should recognize this as a personal need rather than the members' need to "get something done."

4. In most groups, initially a tendency exists on the part of the members to give their responsibility to the counselor. Members may ask the counselor to tell them what to do and how to do it. To avoid this trap the counselor could respond, "I know you have had people tell you what to do before, but in here, in this group, you can work things out for yourself. I'll try to help, but I won't decide what you want to talk about."

5. The group counselor has a responsibility to help members to respond to each other. In most groups, members tend at the beginning to direct their responses to the counselor even when talking to another member. The counselor could respond, "Robert, you are talking to Jack, but you seem to be telling me. Could you tell Jack?"

6. The counselor must be careful so as to avoid implying what answers should be. Often implications are given by tone of voice or facial expression.

7. By answering all questions with direct answers, the group counselor quickly becomes the answer source and thus deprives members of the responsibility for deriving solutions. Members do not always want an answer from the counselor even though they have asked. The counselor could reflect some questions to the whole group by asking, "What do the rest of you think?"

8. When the counselor allows the group to "set members straight," the group experiences the responsibility of their behavior.

PATIENCE: A PREREQUISITE

At times the group counselor may experience difficulty in restraining himself or herself in the group. This seems to be especially true during those moments when the counselor is experiencing a need to "get things going" or when the counselor suddenly "sees" what no one else in the group is perceiving. Group counseling requires patience and a willingness to allow members to discover for themselves. Patience is indeed a basic prerequisite to the developing of responsibility in a group. Grady Nutt (1971) has written of patience:

> Mushrooms grow to maturity overnight. Orchids take seven to twelve years to bloom. Your relationships can be mushrooms or orchids. The mature person waits for orchids but is patient with mushrooms! (p. 78)

Through waiting to see what will happen or restraining a response for a few seconds, the counselor provides the members of the group with an opportunity to take responsibility for "getting things going" or helping other members. Group members thus come to realize "this is our group" and the counselor learns that other helpers are in the group.

GROUP MEMBER RESPONSIBILITY

Acceptance of responsibility to help another person and experiencing the process of being helpful is for group members a profoundly positive and self-enhancing encounter. The extension of responsibility outward to touch the lives of others in a helpful way adds a unique depth dimension quality to the life of the helper. After just such an experience, a group member once wrote:

> Working in this group has helped me to form a stronger self-concept, and I'm liking myself better with each session. I really can be helpful to people. That's important to know. I'm thinking of myself in a new light now.

Group members are more likely to experience personal change when they are allowed to be responsible for that change. Members tend to resist even the possibility of new behaviors when the atmosphere is one of attempting to force change. The potential for change is greatly enhanced when group members are granted the freedom to be and at the same time are helped to accept responsibility for resulting behavior. The impact of this willingness to allow rather than force change is perhaps best expressed by a group member who wrote:

> One of your ways of helping me is letting me change. I trust that. I'm not afraid of exploring something or making a change. You let me grow. If I were to come up against something and be immensely afraid, you'd let me be afraid even though you and I both would know plenty of good reasons not to be.

When members experience the opportunity to accept responsibility, they discover that they trust themselves more fully and as a result are more willing to risk and to explore the inner depth which they possess. Personal growth then is facilitated by members' responsible involvement in their own behavioral change.

ACHIEVING GROUP STABILITY IN GROUP COUNSELING

Groups are inevitable and ubiquitous. People being social animals, the very omnipresence of the group setting is what is so appealing. Persons tend naturally and spontaneously to form groups. The counselor in an educational setting is in an advantageous position to make use of this principle for the formation of counseling or "growth" groups.

Membership and Group Stability

Any counselor who initiates a group has an obligation to create the kinds of conditions most conducive to success. Evidence seems to point to the fact that voluntary membership is preferable to involuntary or counselor-contrived groups. This does not necessarily doom involuntary groups to failure, however, because even more important than initial membership is the atmosphere or growth climate that the leader is able to facilitate once the group is underway.

Group stability, or the desire of the group to remain together and work toward commonly accepted goals, is related to the attractiveness the group holds for its members. In other words, the group will achieve its goals in direct proportion to the extent to which members perceive the group in a positive way.

If a group is to become attractive to its members, it must attempt to imitate the structural makeup of society in general. Single-sex or "single-problem" groups do not do this. When responding to the question "What does it take to start a group?" Carl Rogers (1969) replied, "Oh, six or seven people." He was at the time talking about a basic encounter group, but the implication is clear. The attractiveness necessary in achieving group stability probably is more attainable with heterogeneity.

Leadership and Group Stability

The primary function of the leader is to facilitate interaction between group members and to assist in clarifying situations that group members see as being problematic. The unstructured group leader will operate from a democratic base rather than as an authoritarian type of leader. They will not allow their own status needs to interfere as the group process produces emergent leaders. They will tend to see themselves as a member of the group, but at the same time as a member who is capable of sensitivity to changing and evolving group needs and to those individuals who comprise the group.

The leadership variable which is so important to effective group interaction seems limited only by the degree of personal flexibility of the leader. Perhaps another way of expressing this concept is by saying that the leader needs to remain open to the content and the process of the group as it manifests itself. The group leader, tc an even greater degree than in an individual setting, must remain in tune and be sensitive to the total dynamics of the group. The number of possible interactions is multiplied greatly in a group setting, thus offering fertile ground for exploring new areas of concern and affording new avenues for testing behaviors.

Progress and Learning in Groups

The learning that takes place in the group is again relative to the individual members' perception of the attractiveness of the group. If the climate of the group is such that individuals are overly concerned with protection and maintenance of the self, the learning process will be inhibited.

The leader has the responsibility for being sensitive to and adjusting group and personal motivational factors that enhance the learning situation. The nonthreatening, accepting, and empathic atmosphere will ease the need for self protection and maintenance and thus free the individual for new learning, exploratory, and self-enhancing behavior.

Group togetherness develops and grows through participation and sharing by group members and the leader. Each group member has an opportunity to share responsibility, thereby providing a feeling of true involvement and emergent leadership. Many writers have examined and continue to explore the concepts of group trust, interrelationships, dominance or power, and emotionality as they relate to total group progress and task accomplishment.

Lack of attractiveness or group stability will quickly lead to the dissolution of the group. On the other hand, a group that is attractive and meaningful to its members will have a powerful hold-

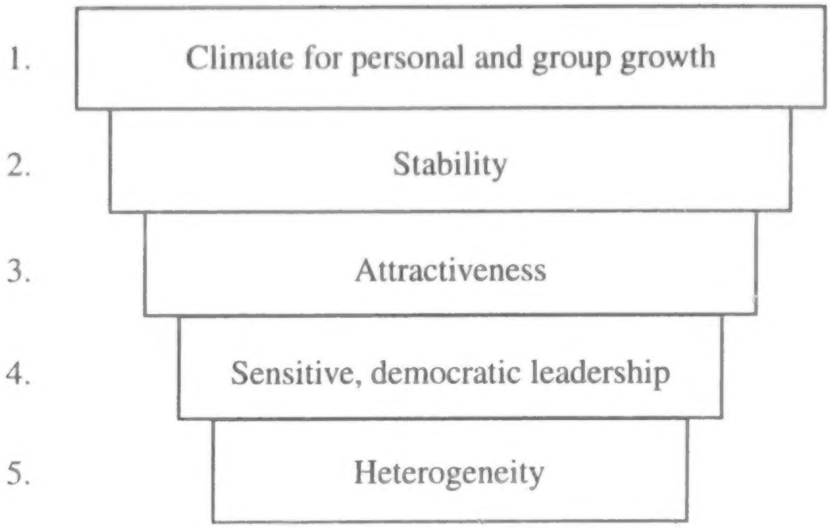
1.
Climate for personal and group growth
2.
Stability
3.
Attractiveness
4.
Sensitive, democratic leadership
5.
Heterogeneity

Figure 5.1. Conceptualized steps in producing a growth or learning climate.

ing ability. This attractiveness, facilitated through meaningful interaction, should lead to group stability and its atmosphere of growth. Figure 5.1 conceptualizes the steps in producing a growth or learning climate.

Attractiveness will not be uniform among group members. This will account for feelings of dissatisfaction that are expressed at different points as the group progresses. The leader will need to work with these dissatisfactions as they are presented and at all times be attentive to the expressed needs of the group along these lines. Groups are intuitive about progress and the leader should be aware that groups will "run their course" at varying levels. If a climate of acceptance has been established, the group will be free to express their feelings with regard to perceived progress. In the unstructured setting, of course, the group will make the determination as to when it has fulfilled its function and should disband.

The group also will recognize when things begin to "bog down." At these points the leader will want to help clarify the reasons for slow downs in group progress.

DAYBOOKS AS A THERAPEUTIC SELF-EXPLORATION TOOL

Since most of the work by individuals in group counseling takes place between sessions, the group facilitator may want to consider avenues for encouraging continuation of the process that has been initiated during the session. The use of a diary or daybook by group members to record their feelings and reactions can significantly facilitate continued self-exploration outside the group sessions. Since in any group only a limited amount of time is available to any individual member, the daybook can be viewed as an opportunity to express and explore thoughts and reactions for which there was not an opportunity to do so in the group.

Riordan (1996) reviewed what he termed "scriptotherapy" in counseling and cited several benefits to using writing in counseling. Some researchers have linked writing about personal issues to improved health and psychological functioning (Murray, Lamnin, & Carver, 1989; Pennebaker, 1990). Doxsee and Kauligham (1994) noted that writing about therapeutic experiences can ease both interpersonal and intrapersonal confusion. Both the research and the author's practical experiences validate the use of daybooks in groups.

Daybooks are seldom used with groups below high school age and even at this level with considerable caution because school-age adolescents may view writing in the daybook as homework or an assignment. In such cases, unnecessary resistance to the total group process may develop. A very simple approach to the daybook utilizing a list of feeling objectives and self-descriptive phrases from which to choose could be quite effective with elementary school-age children. Children also could be asked to draw pictures depicting what they learned in the group that day, how they felt, or something they experienced between sessions.

For members who find it difficult to express very personal feelings and reactions in the group, the daybook can be a safe place to begin. Our experience has been that such members are then better able to verbalize those same feelings and reactions in the group and usually in a more direct manner. Although it is possible that writing in a daybook could "drain off" or detract from the spontaneity of the expression, this is not usually the case.

The daybook also affords the group facilitator an opportunity to know and understand group members more fully. These additional insights can greatly enhance the facilitators sensitivity, understanding, and effectiveness in the group. A caution seems appropriate at this point, though. Material revealed through journalism should not be introduced into the group by the facilitator. This is the responsibility of the group member. Premature introduction by the facilitator could be viewed as a violation of confidentiality by the member, or at least it could create dependency on the facilitator to "bring it up" and then deprive the member of the opportunity to learn from taking a risk.

The purpose and structure of the daybook should be discussed fully with the group and their wishes honored. The following two examples of structured guidelines for writing in the daybook could be utilized separately or parts of each combined to meet the needs of your particular group.

Example 1: Guide to Writing in the Daybook

The daybook is like a diary but different in that it is not a simple chronicle of events and situations that occur in the laboratory group. Rather than summarizing what happened, your focus in writing should be upon your own feelings as you experienced them in the group. You may have feelings regarding other people in the group, the leader, yourself, or the "group" in general. Following are some guidelines:

1. Write in the daybook as soon as you can following each group experience. This will make your recollection as current as possible.

2. Focus on your own affect; rather than upon other people or group process.

3. Be specific and concrete.

4. Try to make the daybook an extension of the group experience rather than a summary. It should be an exercise in depth self-exploration.

5. The logical extension of "getting in touch" with your current feelings is to inspect them for motivation.

6. Treat the daybook as you would any professional material that is highly confidential in nature. The daybook will be read by your group facilitator.

The following four excerpts from daybooks illustrate the kind of material that is most helpful to the writer.

Excerpt 1. . . . perhaps that's why I'm so interested in ____________—as an individual. I'm also wondering if significant people for me develop because of their approval, trust, and liking—it has a big part to do with it. I have enjoyed very few people who gave me negative feedback. Criticism is difficult for me to accept—but I find a deeper respect and eventually high regard for those who give me criticism in a building way.

Excerpt 2. When Marilyn said we weren't totally strangers, it really hit me that that's exactly what I felt—a stranger, separate, and alone. While I was talking about myself the first time, I was glad because I wanted almost to be forced to be open, to reveal myself although it scared hell out of me to do it. I wanted the group to focus on me because I wanted to be reassured that they wouldn't let me get by with being phony, that they wouldn't just leave me as I was.

Excerpt 3. So a woman is good, kind, open, and honest, and really has some basic strong points. But these are not selling points in today's market. Is what I am asking too much? I really can't believe that it is. But I find myself doubting me and even the strong points when I face the everyday world I live in. I almost want to shout "I have played the game fair and done everything I was taught to do and still it isn't enough. Why! Why! Why!"

Excerpt 4. I winced a little as Frank suggested that Jim was not being open. It was obvious that Jim felt great pain at such a charge. I, too, felt the pain because even though I would like very much to be open, I don't seem to know how.

Example 2: Structure for Daybook Entries

1. *Group goals.* Were the group goals defined? Do they change from session to session?

2. *Personal goals.* Are your own goals well defined, unclear, or in the process of development? Do they change from session to session? Are they specific or general?

3. *Group process.* What was the level of interaction, intellectual, feeling oriented, additive? Is the group stuck or moving? Are there subgroups? What is the emotional climate of the group in general?

4. *Personal/individual.* (Names are okay but not necessary.) (a) What are the attitudes, feelings, beliefs, and reactions/behaviors of individual group members? *(b) Myself: How do I feel, respond, and behave? Did anything get triggered in me? What avenue of self-exploration can I pursue to learn more about myself?

5. *Session.* What did this session accomplish: (a) for the group, and (b) for me?

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* This should be the area where you devote most of your attention.

Entries in the daybook often are quite creative, as is shown in the following poem written by a graduate student enrolled in the Master's level group counseling course.

Group.
Persons thrown together
At random;
By chance.
The luck of the draw
Bringing people together
To communicate with others
To communicate with others
About what's important.
We share hopes for marriage,
The pain of broken relationships,
Frustration caused by overload.
We want to know how others
See things important to us.
Like God and family and work
And dissertation topics.
Sometimes our progress
Isn't impressive or dramatic;
Not easily measured
Or apparent to a casual observer.
When the intruder came by
To sell miracle cleanser,
He was politely informed:
"You will have to come back later.
I'm involved in something important right now."

(Gunn, 1988)

GROUP PROTOCOL

This counseling group protocol features one of the authors working with an initial group of college undergraduates. The original group was 2 hours in length. This protocol has been edited to include some instructional transactions and focuses on a few of the group members.

Leader: *Thank you for all coming. We're all acquainted and have met before. I'm not aware of the reasons why each of you chose to participate in this experience, but that might be something you can think about for a minute. I would like for each of you to state briefly what you would like to work on this afternoon in the limited time we have available. Give that some thought.* (looks around group)

The leader opens the group by welcoming and thanking them for their participation and inviting the members to participate in a brief go-around. This method encourages each member to become verbally involved in the group. When a person verbalizes in the initial session there is a greater chance that the person will affiliate with the group in a positive way. It helps prevent a person from becoming verbally isolated.

Donna: *I will. I've been real withdrawn the past couple of months. I've kept myself away from everything and everybody. The day the people came around and asked for volunteers for this group I said to myself "Do it!" This group is one way to, not really risk, but to just do something. I've been trying to motivate myself to get out and do things, but I always change my mind.*

Leader: *So for you Donna, it's like if you commit yourself to the group, you're hopeful something good will come of it.*

The leader reflects content and feeling to connect with each initial comment of the members.

Donna: *I'm using this as a form of personal therapy.*

Leader: *Good. O.K. Thanks for sharing.*

Mike: *I'm like Donna. I just needed to force myself to take a risk. I needed to do something where I wasn't sure what to expect. I really* like *to know what's going to happen.* (laughs) *This group is a challenge to myself.*

Leader: *You're testing some new behavior. This experience is different for you.*

Mike: *Yes. Exactly.*

Leader: *Thanks Mike. I appreciate you sharing that.*

Scott: *This semester is different for me because I'm not as busy as I usually make myself. I have more free time. This group is something that a year ago I would have said, "I don't have time for that." Now it's perfect because I do have time. Along with the changes that are different in my life, some things that are going on aren't as safe or understandable as I'm used to. Maybe I was looking for a place to share some of that.*

Leader: *Super. Having the time just to do something nice for yourself represents some growth. Thanks, Scott, I'm glad you're here.*

Scott: (nods and smiles)

Julie: *The second I heard about the group I thought "Extra credit for class. Thank God!"* (laughter among the members) *Then I started thinking about it and how it was going to be group therapy and I figured it was great. I would get extra credit and a place to talk.*

Leader: *At first your motives were for yourself.* (laughter and murmuring among the members) *So it might be safe to say that you are here with some ambivalence, some mixed feelings.*

Julie: *Not now! I had somewhere else to be, but I* chose *to commit to this.* (looks away from leader)

Leader: *And you feel good about this.*

Julie: *Yes.*

Leader: *To "commit to this," to use your words. O.K. Thanks, Julie.*

Jill: *My situation is similar to Mike's in that I wanted to test myself and risk again. Once I finished my last group my risk taking ended. I just wanted to make myself get back out and see what I could do. I like things to be very straightforward and certain* (laughs) *so to do this was to test that even*

Notice that each person has the opportunity to express some issue or reason for attending the group. The leader will make a mental note of this while also paying attention to problems or situations that may require immediate group attention.

though I didn't know what was going to happen.

Leader: *O.K. I sense that although this experience is a little scary, it's almost something you think you should do or need to do.*

Jill: *It's very similar to that. This experience may start the adrenaline going again.* (laughs)

Leader: *It's exciting—or can be.* (pause) *Jill, what's missing in your life now?*

Leader probes a little deeper which gives other members an opportunity to experience differing levels of focus.

Jill: *I guess a little excitement and finding things to do that are fun for me. That may be why I'm here.*

Leader: *Yes. That may very well be true. Kind of like Scott—just doing something good for yourself. A few of you seem uncomfortable being selfish and just doing something for yourself.* (nods among the members) *Thanks, Jill, I'm glad you're here.*

Connects group members together—universality.

Nancy: *I have several reasons for being here. One reason is that the group I was in was different. I wanted to see what group felt like with another group of people. A lot of this is risk taking. It makes me feel stronger. I was the type of child who would hide in the corner be-*

cause I didn't want to play. It was safer to be in the corner. Little did I realize that by hiding in the corner, people bugged me more.

While the leader agenda might be to encourage everyone to become verbally involved in the group, he or she also needs to remain sensitive to the possibility of a therapeutic moment presenting itself in the group. The leader senses that opportunity here with Curtis, who tends to be somewhat shy and withdrawn. The transaction with Curtis demonstrates how to bring behavior into the group in an immediate fashion. In this case a behavioral contract is negotiated with Curtis, thereby involving the entire group in the process.

Leader: *So by hiding, you actually drew more attention to yourself.*

Nancy: *Oh yes!*

Leader: *I'm glad you took the risk. My experience of you is that it would be easy for you to hold back and not volunteer and you have to sort of push yourself.*

Nancy: *Yes.* (smiles and nods)

Curtis: *I guess the reason why I came was to try to do something different from the ordinary routine I'm always in.*

Notice the shift from external, outside of group experience to here-and-now experience.

Leader: *Is there anything special that you might want from this group this afternoon?*

Curtis: *Just to listen, I guess.*

The leader does linking and encouragement to provide feedback.

Leader: *O.K., who here knows you best Curtis?*

Curtis: *I don't know.*

Donna: *I think Curtis is one of the hardest people in class to know.*

Curtis: *Yes, I mean I know some people from in class, but not really.*

Leader: *Did you catch what Donna said?*

Curtis: *Yes, that I was hard to get to know.*

Leader: *Can you give Curtis some more feedback?*

Donna: *Curtis is pleasant, but a little unapproachable.*

Leader: *Talk to Curtis.*

Donna: (laughs) *O.K. I mean we can talk, but maybe it's just in passing. Maybe we just don't have time where we can get to know each other. I guess I haven't had time to meet you. There are others I don't know well.*

At this place the leader encourages Donna to address her remarks directly to Curtis rather than talking "through" the leader.

Leader: *So it's not* just *Curtis.*

Donna: *No.*

Leader: *And yet, at the same time, I heard you* (Curtis) *say that your style is to just hang back and be a listener. Underneath that style of being, what might be what you really want from people?*

Curtis: *Just to listen; I think.*

Leader: *So you are announcing to the group "I'm where I want to be, don't approach me"?*

Curtis: *No. I want to be approached.*

Donna: *I don't understand when he says he just wants to listen. Does he mean he wants us to listen or he wants to listen to us?*

Leader: *Ask Curtis.* (group laughs)

Curtis: *In the past, it seems no one has wanted to listen to what I had to say. Now, I'm getting to where people actually want to listen. It's more comfortable for me. It's something I'm working on.*

Donna: *Getting people to listen to you.*

Curtis: *Yes! Just to seem like they're interested in what I have to say.*

Donna: *I feel like that too sometimes. Maybe it's not so much making people listen to me as it's that I can't control what other people do. I can only control myself.*

Curtis: *Yes, that's true.*

Leader: *In what you just said Donna, is there a message in that for Curtis?*

Donna: *Maybe he's just doing what is not his responsibility to do.*

Leader: *Yes, and at the same time I heard you* (Curtis) *say that "I'm kind of learning that people are listening to what I say." It's a new experience for you, so it feels different.*

At this point, Donna's feedback seems to liberate some energy in the group and sends a cross-transaction to Nancy.

Curtis: *Yes.*

Leader: *So a risk for you would be to say things and see yourself on an equal footing with everyone else in the group and to just take the risk.*

Curtis: *Yes, O.K.*

Donna: *On the flip side, since you have been quiet, when you do say something, I listen. Maybe I tend to listen to people who don't talk that much.*

Nancy: *Yes, when quiet people finally talk I think it must be important.*

Scott: *Yes, that's what I think about you* (to Nancy).

Leader: *O.K. In a normal group Curtis, for 2 hours, how many times might you talk in a group?*

Curtis: *Not very much.*

Leader: *Can you put a number on it?*

Curtis: *Two to three times at the most.*

Leader: *Well, that's not bad.*

Curtis: *Well, that's like the best.*

Leader: *So that's a* good *day!* (group laughs) *Just for today, would you be willing to contract with the group, to respond at least five times while we are together?*

The contract negotiation takes on a somewhat lighter tone. The message being that this whole exercise can be fun, light, and doesn't need to be ponderously hard work.

Curtis: *O.K.* (smiles)—(nervous laughter in group)

Leader: *You appear uncomfortable. Can you talk about your discomfort?*

Curtis: *Sort of scared. Feel like going into new territory.*

Leader: *O.K., and when I said, "Five times" you seemed to be getting a mental picture of yourself doing it. What was that picture?*

Curtis: *It felt good. I could see myself talking.*

Leader: *So you're telling me it's scary, but good. Sort of like going to the dentist.* (laughter) *Is five times O.K. with the group?* (looks at Holly)

Holly: *I wanted to get back into a group because I had been going every week and all of a sud-*

The go-around is continued with the final member.

den it was over and I felt cut off. I missed group.

Leader: *What was the loss? Do you recall what the loss feels like?*

Holly: *I just looked forward to it. Group helped me out.*

Leader: *How did it help out? How do you feel now, thinking about the group?*

Holly: *If I had anything that was bothering me, I could talk about it or just sit and listen.*

Leader: *Is that not in your life right now?*

Holly: *Kind of. But not really, no.*

Leader: *So for you, this group is a reconnection and at least an opportunity to get involved.*

Holly: *Yes.*

Leader: *Great. Thanks. Did I touch base with everyone? O.K. We've all mentioned some areas for change. Would anyone like to jump in and do some work?* (silence followed by nervous laughter and murmuring)

This is another transition point in the group and the climate tenses slightly. The invitation to work signals a move to another level of interaction and disclosure.

Donna: *O.K. This is good. That's why I came, because I am withdrawn from everyone in my life* *right now and these people won't let me.*

Leader: *So "Thank you, Holly, for not letting me hide in the corner."*

Donna: *A lot of people in class just know when I'm withdrawn.*

Holly: *Like the card?*

Donna: *Yes! Can I share that?* (touches Holly)

Holly: *Sure!*

Donna: *Holly sent me a little card that read "I know something's bothering you and I'm here for you." No one at home in my family would have picked up on that.*

Leader: *That must have been special.*

Donna: *Yes. Very much so!* (moderately long silence)

Scott: *O.K. I'll say something.* (nervous laughter) *Like I said I'm going through a lot of changes. I'm not really looking for an answer because I don't know if there is one. For a few years now I have been busy all the time. Group was the first place that challenged why I was that way. After doing some thinking, I realized I didn't enjoy*

Scott uses some time to talk about the growth he is experiencing in the way that he structures his time. His sharing is somewhat halting, careful, and cognitive. Since he is a sociometrically high status person in the group, other members attempt to provide *being under pressure all the time. Maybe I did it to feel needed.*

Leader: *A place for yourself.*

Scott: *Yes. I took the risk this semester to say "No" to things. It's been hard.*

Leader: *Yes, it's a change in the way you're structuring your time. How has it been difficult for you Scott?*

Scott: *I'm used to people calling me, asking for advice. Now that doesn't happen.*

Leader: *Are you aware of any feelings with that situation?*

Scott: *Sure. I guess lonely, but every time I think that I say how stupid I am for thinking it.*

Leader: *Oh, so you get to beat up on yourself too.* (laughter in group)

Scott: *Yes, I think of all the people I counsel who are* really *lonely. I have so many good things in my life. But the other night I was sitting there and I just felt sad. I couldn't pinpoint why. I usually don't let myself feel that way. I wanted to talk to some people but I didn't want*

feedback and assistance. He gets good group support, and this is an opportunity for various group members to contribute to the dialogue.

to blow my image by talking about my problems.

Leader: *So you're not ready to get into that issue yet.*

Scott: *Yes.* (looks down)

Leader, through accurate reflections, begins to help Scott define his level of comfortable self-disclosure in the group.

Leader: *But you were willing to let yourself experience the sadness and you survived it.*

Scott: *Yes I did.* (smiles)

Leader: *And that's new for you. Do you think that by making your schedule so busy you created a way to avoid dealing with some sadness?*

Scott: *Maybe, I guess, but not on purpose. I know the free time is good, but I still feel the urge to be constantly busy.*

Leader: *You are still not sure what it's about.*

Scott: *Yes. I don't know if there's an answer.*

Leader: *Does anyone have some insights into this—or observations?*

Leader encourages feedback to foster cohesion within the group.

Curtis: *Yes, I always need something to do. I never make time for myself. I know where you're coming from.*

Scott: *Thanks.* (silence)

Leader: *What happens when you're alone?*

Scott: *I think about what I should be doing.* (laughs) *I'm just talking about structure. Sometimes I just feel guilty if I just sit around.*

Leader: *What does it mean for you, Scott, to just do nothing, to just relax or not accomplish anything? What pops into your mind?*

Scott: *Just there are a lot of people hurting and a lot of good that could be done. I can't do that if I'm sitting around.*

Leader: *Do you think that some of that need to help comes from your own pain?*

Scott: *Sure. Yes.*

Leader: *Have you looked at that?*

Scott: *I don't know. Maybe I've tried to identify it. I don't know why I do it. I guess it's just the way I am.* (laughs and looks out window)

Leader: *Right now you're feeling awkward and uncomfortable. You've taken some steps into some areas that you are not sure you want to get into.*

Leader utilizes here-and-now group feedback as a confrontation.

Scott: *Yes. I don't know.*

Leader: *Can you talk about how you feel right now?*

Scott: (deep sigh) *I really feel that* (silence) *maybe I'm wasting people's time.*

Leader: *That would be awful.*

Scott: (laughs) *Yes. The whole time I'm talking I'm telling myself that it's not that bad, and I feel stupid for spending so much time.*

Julie: *Surely someone has some* real *problems.* (laughs)

Leader: *So to feel like you're worth it is a big risk for you. I think you're worth it, but you might want to check it out with others.* (Other members say, "*You're worth it.*") *I think the sad part is that sometimes the rest of us are more convinced you are worthwhile than you are.*

Leader utilizes here-and-now group feedback as a confrontation.

Jill: *Maybe one thing you could do is to try to see where you fit in all of your activities. Where are you?*

Scott: *Somewhere, I guess.* (silence)

Holly: *I can see a change from last semester. You seem more relaxed.*

Leader: *How does that look to you Holly?*

Encourages personal feedback.

Holly: *I feel more comfortable around him because he made me feel guilty for hanging out.* (laughs) *He made it seem like I didn't do anything.*

Leader: *So your experience is that when Scott is relaxed, he's more comfortable for you to be around.*

Holly: *Yes.*

Leader: *You're getting some feedback and you are aware of some changes. These changes have been very conscious on your part and I applaud you for that because I don't think it's been easy. Do you feel more in control, a little bit better?*

It is becoming clear that Scott is not ready to delve into this issue at a deeper level, and the leader senses that it's time to let it go for awhile.

Scott: *Yes!*

Leader: *More comfortable now that you are out of the spotlight. I like to work with people at their pace. If you are not ready today, that's O.K. I feel people work best when they want to and when you are ready, all you have to do is say so.*

Scott: *Thanks.*

Nancy: *Yes! I always think someone else has something more important to say.*

Leader: *I don't believe that.*

Nancy: *Well, yes, I tell myself it's silly but . . . .*

Leader: *What are you aware of needing in order to take risks? If you could construct a safe situation, what would it be like?*

Nancy: *A lot of it is mental talk. You tell yourself you are going to trust these people and you're not going to get anything unless you take the chance. So it's basically convincing myself . . . .*

At this point, Nancy's posture and expressions seem to indicate a willingness to do some tentative self-exploration. Notice how Nancy uses short, clipped sentences and questions to stay in personal control and attempt to shape the transactions.

Leader: *That . . .*

Nancy: *That it's O.K.*

Leader: *You said "trusting these people" so that would be part . . .*

Nancy: *Yes! Trust would be a big part of feeling safe.*

Leader: *How do you feel about your trust of this group right here and now?*

Trust and safety are continuous issues in any group. At this point the leader uses the moment in the group to help Nancy work on her trust issues while encouraging group movement into more immediate, here-and-now changes.

Nancy: *In this situation?*

Leader: *Yes. On a scale of 1 to 10, 10 being I trust this group completely and 1 being no trust at all.*

Bring the issue "into" the group and quantify it. This helps the issue become real and concrete.

Scott: *Honestly.*

Nancy: *My mind tells me 9, but emotionally I don't feel that safe. Probably a 6.*

Leader: *Is it safe to say that when you feel emotionally at 6 it has to do less with these people . . .*

Nancy: *Oh yes! It's all in me.*

Leader: *Can you talk about the scary part, the 6 part. I have trouble trusting sometimes because . .*

Nancy: *I have trouble trusting a lot of times because . . . Well, it's a lot of times really, because of my past. You could say I've been kicked in the teeth a lot (deep breath) when I've tried to trust.*

Nancy attempts to take the issue into the past, but leader facilitates an emphasis on current experiences of the issue.

Leader: *You're still feeling that pain. Still close to the surface.*

Nancy: *Yes. Comes and goes.* (silence—brief)

Leader: *Nancy, in your life right now, what are you missing because of that pain? What's the price tag?*

Nancy: *Close relationships. It keeps me from getting close to some people.*

Leader: *O.K. Some people you could potentially get close to.*

Nancy: *Right.*

Leader: *The lack of trust keeps you from those relationships.*

Nancy: *Yes.* (silence)

Leader: *Who's the easiest person in this room right now for you to trust?*

Linking Nancy and Jill in an immediate encounter helps solidify what has been somewhat abstract.

Nancy: *Probably Jill. We've been in group together and have seen each other open up.*

Leader: *Jill, does that feel right to you?*

Jill: *Yes, it really does. We have shared outside of group as well. I also feel we have some things in common, like holding on to our hurts.*

Leader: *You're holding on to some past hurts too so you can relate to what she's saying. Would you like to help her with her hurts?*

Jill: (nervous laugh) *I don't know how to go about it.*

Leader: *Well, maybe just being willing to encounter her pain and build on your relationship with Nancy.*

Jill: (nods)

Leader: *Nancy, on that same 1-to-10 scale, would you look at Jill*

Leader is consistent in use of scale to explore experience.

and tell her where you are in that relationship with her and the level of trust you feel with her?

Nancy: *About an 8.*

Leader: *Do you feel the potential is there for it to even reach a 10?*

Nancy: *Yes.*

Leader: *Is the 8 because of Jill or because of you?*

Nancy: *Me.*

Leader: *O.K. Would you look at Jill again, tell her she's an 8, and that you take responsibility for that and why?*

Nancy: (smiling) *You're an 8 on my scale of trust. I take responsibility for that rating. I think some of it is my unwillingness to take a risk.*

Leader: *Jill, would you like to respond to that?*

Jill: *Well, after knowing you I really feel lucky to have an 8 with you. I appreciate that you can trust me so much.*

Leader: *Nice risk. Thank you both. The other part of that is who is the scariest person for you in here to trust.* (Nancy looks down, plays with her ear.) *I'm not going to ask you to take that risk now, but it's something to think about, O.K.? I appreciate you talking about trust because it's such a vital part of group. Thanks.*

Curtis: *As I've listened to people talk, I've realized it's not that I don't trust others, but I don't trust myself. There are some issues I won't talk about because I don't trust myself to share them.*

It is quite clear that Curtis has taken a good deal of encouragement from Nancy's disclosure and has decided to open himself up for some processing. In the process he is quickly affirmed by the leader and the group.

Leader: *O.K. Some of that is wise. How does your level of trust fit into this room today?*

Curtis: *I feel really comfortable today. Maybe it's because of the people here. Maybe I'm ready to work on some issues.*

Donna: *I looked at the names on the sign-up sheet to make sure I trusted the people coming.* (laughs) (silence.)

Curtis: *One thing is I often feel like if I share, people will blow me off and laugh at me.*

Leader: *Well, I'm real proud of you Curtis for risking today and sharing in group.*

(Group responds—yes—clapping.) (Curtis smiles.)

Leader: *You hold back because you are afraid others will laugh or disrespect you. Do you have any idea of where that comes from?*

Curtis: *From when I was growing up. I would get made fun of a lot.*

Leader: *And you're still in touch with that pain. About how old are were you?*

Curtis: *Yes. About sixth grade.*

Leader: *Can you recall a specific incident?*

Curtis: *In P.E., I was always chosen last. In sixth grade.*

Leader: *Do you remember the teacher or kids?*

Curtis: *Not the teacher, but the kids were always the ones who were popular and thought they were hot stuff.*

Leader: *Where are you in the mental picture of this class?*

Curtis: *Outside. Ready to play softball or something.*

Leader: *And they have captains. They are choosing sides and it's down to the last few people and you're not picked yet. What are you feeling?*

The leader senses that Curtis' interpersonal shyness may be related to some early painful experiences. He attempts to gently but specifically guide him into remembered hurts and wounds from the past.

Curtis: *Sad, upset. I'm the last one.*

Leader: *Sure. You're the last person. Any other sentences?* (short silence)

Leader: (notices Jill's discomfort) *Does this ring any bells with you?*

At this point there is an opportunity to link Curtis and Jill around the "ugly duckling" issue. Many people carry slights and hurts forward from that important adolescent developmental period.

Jill: *Oh, yes. I feel the same. Kids harassing me. Being left by myself continuously.*

Leader: *Feeling different from the other kids.*

Jill: *Yes.*

Leader: *Left out. Lonely. Kind of scared.*

Donna: *Very embarrassing. I've felt that too.*

Jill: *I always wondered why they were picking on me. There were goofier kids, stupider kids. Why me? What's wrong with me?*

Curtis: *Yes.*

Jill: *What did I do to deserve this. I finally just decided I must be doing* something *wrong.*

Leader: *So the inclination was to blame yourself. If you do that enough pretty soon you convince yourself. What sentences did you say to yourself back then?*

Notice the shift from external blame to internal blame and associated feelings. This facilitates a deeper level

Jill: *I'm too ugly. I'm too tall. I walk funny. I can't get along with people. Just bashing myself. My mother would say just ignore them, ignore them all.*

as members are able to focus on themselves.

Leader: *Don't have feelings.*

Jill: (loud voice) *"You don't need to get upset!"*

Leader: *Your message at home was, "Don't feel."*

Jill: *Right.*

Leader: *So you learned to distance yourself from your feelings?*

Jill: *Yes. Sure, I guess I did. When I finally let myself feel, I was sure something was wrong with me. Then I would get upset and I* really *couldn't get along with people! It was like a circle.*

Leader: *Curtis, by your reactions, I can see you have had many of the same experiences.*

Leader links members; encourages cohesion.

Curtis: *Oh, yes.*

Leader: *Did you have any idea that Jill had shared similar experiences as you had in the past?*

Curtis: *No, not a clue.*

Leader: *Why?*

Curtis: *I don't know.*

Leader: *Well what do you think about Jill? You've heard her story.*

Leader attempts to facilitate learning through the sharing that has been done.

Curtis: *Nothing different, but I'm not the only one out there. I know that now.*

Leader: *What kind of sentences did you tell yourself when you were chosen last?*

Curtis: *I'm no good. I can't play. I'm bad.*

Leader: *And you remember feeling . . .*

Curtis: *Sad. Angry.*

Leader: *That was your world then and you felt left out. What did you do in response to that? Not just you, but can anyone relate to what has been shared?* (many members nod)

Curtis: *I just got through it. Endured it. Ignored it.*

Jill: *I withdrew. I didn't want to get hurt again.*

Leader: *I appreciate the way you have all shared. I think the feeling of being different has been experienced by many here.* (nods among members . . . moderate silence)

Leader: *Is there anything left over? Anything we need to close up?*

As it becomes time to close the group, the

Anything anyone needs from this group or from anyone in this group right now? (silence)

leader offers the opportunity for any member to get closure if they need it. In this case, Donna and Curtis seem to verbalize the feelings of many in the group as they symbolically bring the session to conclusion.

Donna: *I'm just glad everyone took the time to come and not be too busy. I feel helped.*

Leader: *Thank you. I heard that as a "thank you" to the group.*

Curtis: *I feel great.* (laughs) *I am glad I came.*

Leader: *I'm glad you came too. Maybe one thing you have learned is that when you take a risk you have the chance to gain. I think you took the risk today and that's something you decided.*

Leader: *We've talked about trust and our difficulties with it. Today I have experienced you as a trusting group and trustworthy. I appreciated your warmth and honesty and your time.* (Group members say thanks.)

The leader briefly summarizes.

SUMMARY

In summary, the preceding discussion of common organizational concerns will assist the counselor who is considering beginning a group program to avoid some of the most frequently encountered pitfalls. While attending to these details is not very glamorous, doing so will help enormously to insure a successful, smooth-flowing group.

The literature on group counseling and group dynamics is growing and indications are that when the group climate is appropriate to the task, positive growth can take place. The purpose here has been to identify some key elements that will enhance the counselor's chances of achieving positive growth and learning in a group setting.

For more complete treatment of some of the typical problems and procedures that the counselor may expect to encounter in a group counseling setting, he or she is referred to the very helpful texts by Yalom (1995) and Gazda (1982).

Listed here, in summary fashion, are some of the key elements of which the counselor should be aware when initiating a group for counseling.

1. Voluntary groups seem to be preferable to involuntary groups, but more important than either is the climate that the counselor is able to achieve when the group has begun.

2. In order to achieve stability, the group must be attractive to its members. It must emulate society in general in terms of individual makeup.

3. Interaction among members is facilitated if the group is limited in size from six to nine members.

4. Leadership must proceed from a democratic base and at all times be sensitive to the evolving needs of the group. The leader will need to strive for flexibility and openness.

5. A nonthreatening, accepting atmosphere is to be fostered so that protective and maintenance behaviors can be cast aside in favor of more growth-facilitating conditions.

6. The goals of the group involve growth and learning, but the group is to define its own growth and to decide how growth will be achieved. The counselor can and must help the group members to do so.

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CHAPTER 6

PROBLEMS AND INTERVENTION TECHNIQUES IN GROUP COUNSELING

> *A word to the wise ain't necessary—it's the stupid ones who need the advice.*
>
> Bill Cosby, *Fat Albert's Survival Kit,* 1975

CHARACTERISTICS OF THE LEADER

A fundamental tenet of group leadership is that the group leader demonstrates the way he or she leads life and that he or she is a growing, accomplishing, and effective human being. Since much of what is done in groups is based upon the helpee modeling effective responses after the leader, an essential component is for the leader to have high level skills (Egan, 1990).

First of all, the leader must incorporate a basic and expanding knowledge of self. This includes an awareness of personal dynamics and major modes of behavior and also how he or she responds to different kinds of people and situations. The expectation is for group leaders to have spent many hours themselves as group members and in a helpee mode. Obviously, we don't encourage people to spend their lives as helpees, but rather to stay fully in touch with the part of self that can become vulnerable and to ask for help when needed. The goal is to encourage mutually satisfying relationships that are interdependent in nature; relationships that are free enough from threat so that group members are allowed to demonstrate both strengths and weaknesses without fear of reprisal.

Second, the leader must demonstrate interpersonal skills that verify ability to tend fully to another person, with an intensity that allowed him or her to understand as completely as possible what the other person is saying, feeling, and asking. The group facilitator needs to demonstrate interpersonal functionality by practicing and incorporating tending skills that help in understanding helpees.

From a group development point of view, the facilitator will serve as a primary, functional model of skills and behaviors that group members are expected to learn. Initially the facilitator will provide high levels of nurturing behavior: empathy, warmth, respect, and concreteness. His or her overall tone will communicate both an acceptance of where the group is and an intensity of purpose that points toward increased skill acquisition, intra- and interpersonal growth, and an expanded behavioral repertoire that will lead to increased effectiveness in living. An important step in this process is for the group leader and group member to mutually confront any feelings of dependency and transference experienced by the helper and the helpee. The ultimate goal is for the helpee to move out of the group constellation toward a more self-motivated, inner-directed individual who accepts responsibility for his own behavior without undue recourse to external reinforcers.

Another responsibility of the group leader is a keen awareness of the process or developmental stages within the group itself. An appreciation of the dynamics, or "changingness" of the group as it develops, is essential if the leader is to facilitate growth in the group.

To actively expect and encourage group members to demonstrate their new levels of interpersonal effectiveness is essential. Therefore, the group facilitator will probably find it necessary to intervene in certain nonproductive or destructive group member behaviors. The concept of a laissez-faire or strictly nurturing group leader seems incongruent and inefficient. The group leader has certain skills in his or her behavioral repertoire that are needed in facilitating member growth.

ASSESSING GROUP MEMBERS' STRENGTHS AND AREAS FOR GROWTH

A key function of group leadership is the assessment of individual group members. Self-assessment instruments can aid the group member in determining the level at which he or she is presently performing and the direction he or she would like to move in each of the emotional, physical, and intellective areas. Individual inventories can be easily profiled by each group participant and should allow the member to arrive at a concrete contract for growth.

Several advantages exist to these kinds of assessment instruments:

1. The group member is able to do a conscious evaluation of strengths and weaknesses, thereby approaching a realistic appraisal of self in relation to other group members.
2. The assessment process raises the level of functioning to conscious awareness, thereby allowing for a relatively systematic approach to growth.
3. The strengths of the individual are given equal valence with weaknesses. This allows the group leader and other members to proceed from a reasonable base of capabilities and potentials rather than to focus exclusively on crisis points or areas of dysfunction.
4. Assessment provides a base for translating growth into behavioral terms that can be checked and monitored in the

group. Rather than speaking in vague generalities, individual group members can contract for growth skills and behaviors that are achievable, observable, measurable, and repeatable, in the group setting.

5. Assessment allows both group member and group leader to clarify directionality and to work in a mutually supportive relationship toward gaining the skills, understandings, and desired behaviors.

A possible criticism of this approach is that it might tend to inhibit freedom of self-exploration. To minimize this possibility, the scale suggested here is intended to be as comprehensive and yet as functionally succinct as possible. The experienced group leader should be aware of this possible limitation and while providing clear focus and direction also should remain open and attentive to new and unexplored helpee directions.

The *Self-Assessment Scale* shown in Figure 6.1 is a semantic-differential type procedure that allows the individual to make a personal evaluation of where he or she sees self *now* and *where he or she would like to be* (i.e., which direction he or she wants to grow and gain skills).

In the area of emotionality the *Self-Assessment Scale* is broken into three major areas:

1. *Intrapersonal awareness.* How well is the individual in touch with self and personal dynamics? What are typical patterns of coping with stress?

2. *Self-concept.* How does the individual see self in relation to other people and to ideal self?

3. *Interpersonal skills.* How does the individual see self regarding the behavioral skills available in relationships with others?

The physical aspect of the *Self-Assessment Scale* focuses on three major elements:

1. *Body image.* This area is primarily concerned with how a person sees self sexually and in what behaviors (dress, personal style, etc.) he or she engages as an outward manifestation of sexuality.

2. *Body shape and endurance.* The focus here is on physical energy variables that relate to work, play, and interpersonal potency.

In addition to the physical aspect of the *Self-Assessment Scale,* an increasingly comprehensive inventory is used to qualify the type and duration of physical activity in which each group member engages during a specified period of time. Once again, this tends to raise activity levels to consciousness and allows for realistic self-appraisal and goal setting.

The intellective aspects of the *Self-Assessment Scale* attempt to assess a member's perception in two areas:

1. *Attitudes.* Individual belief and value systems.

2. *Intellective skill bundles.* The basic tools that are necessary to gain knowledge and understandings.

In summary, with a realistic appraisal of self that can be checked out for accuracy and honed to observable behaviors, growth can occur in a much more systematic and intensified way. Group time that might otherwise be spent in random exploration can be devoted to developing programs and courses of action that lead to increased personal effectiveness.

GROUP PROCESS OBSTACLES

Our experience has been that many potential problems in group process can be minimized if the group leader will give careful attention to detail during the organizational stages of a group. Many of these administrative details, while somewhat time consuming,

(Continued on page 217)

This instrument is designed to help determine how you see yourself in relation to the words and concepts listed. It will be used to work with you in developing programs of self-growth in those aspects of self you choose to emphasize.

In completing this instrument, you are asked to indicate your position in terms of what the scale items mean to you—do not be concerned about different ways the descriptive items can be interpreted.

Here is how you are to complete the first part of the assessment process:

DIRECTIONS: Step 1

If you see yourself as VERY like one or the other descriptive terms at each end of the line, you should place an "X" as follows:

Strong ___ : ___ : ___ : ___ : ___ : ___ : ___ : _X_ Weak

Strong _X_ : ___ : ___ : ___ : ___ : ___ : ___ : ___ Weak

If you see yourself as QUITE like one or the other descriptive terms at each end of the line, you should place an "X" as follows:

Fair ___ : ___ : ___ : ___ : ___ : ___ : _X_ : ___ Unfair

Fair ___ : _X_ : ___ : ___ : ___ : ___ : ___ : ___ Unfair

If you see yourself as RATHER like on or the other end-term of the scale, you should place an "X" as follows:

Wise ___ : ___ : ___ : ___ : ___ : _X_ : ___ : ___ Foolish

Wise ___ : ___ : _X_ : ___ : ___ : ___ : ___ : ___ Foolish

If you see yourself as SOMEWHAT like one or the other descriptive terms of a scale, you should place an "X" as follows:

Complex ___ : ___ : ___ : ___ : _X_ : ___ : ___ : ___ Simple

Complex ___ : ___ : ___ : _X_ : ___ : ___ : ___ : ___ Simple

IMPORTANT: (1) Place your marks in the middle of spaces, not on the boundaries. (2) Be sure you place an "X" mark on every scale—*do not omit any.*

Work fairly quickly through this part of the process. Do not puzzle or worry over individual scale items—just give your first impression, your immediate "feelings" about each item.

Figure 6.1. Self-Assessment Scale.

Figure 6.1. Continued

___ leader ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ follower

___ sloppy ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ neat

___ angry ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ peaceful

___ dull ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ bright

___ dogmatic ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ tolerant

___ open ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ closed

___ active ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ passive

___ out of style ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ in style

___ sad ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ joyful

___ good vocabulary ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ poor vocabulary

___ insensitive ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ sensitive

___ warm ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ cold, aloof

___ confident ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ unsure

___ clumsy ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ graceful

___ depressed ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ optimistic

___ read slowly ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ read fast

___ insincere ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ genuine

___ talk a lot ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ talk infrequently

___ independent ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ dependent

___ out of shape ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ in shape

___ helpee ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ helper

___ understand ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ don't understand

___ flexible ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ rigid

___ self-directed ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ other-directed

___ feminine ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ masculine

___ shaky ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ stable

___ write well ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ write poorly

___ specific ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ vague

___	poor figure	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	good figure
___	loner	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	activity-oriented
___	poor researcher	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	good researcher
___	neutral	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	sexy
___	accept ideas	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	challenge ideas
___	listen well	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	listen poorly
___	verbal	___ : ___ : ___ : ___ : ___ : ___ : ___ : ___	nonverbal

Step 2

In the first part of the self-assessment process you have just completed, you indicated how you see yourself in terms of the series of descriptive scales on the preceding page. The second part of the process will consist of going back through each of the scales and placing an "O" at the point on each scale you would like yourself to be.

IMPORTANT: (1) Place your marks in the middle of spaces, not on the boundaries. (2) Be sure you place an "O" mark on every line—*do not omit any.* (3) On a few scales, you may see yourself as being now where you would like to be. In that case, draw a circle around the "X" mark you entered on the line in the first place.

Step 3

When you have finished marking your "X" and "O"s, look back over the descriptive scales and pick out the four or five items which seem the most important to you in terms of your self-growth. You should select those four or five descriptive items which, to you, seem to represent aspects of yourself on which you most want to work to change. Draw a line in the margin to the left of each of the items you feel are most important, and indicate on that line the priority ranking (1, 2, 3, 4, 5) you wish to assign to that concept, in terms of change.

For example:

___ 1 (2, 3, etc.) Fair ___ : ___ : ___ : ___ : ___ : ___ : ___ : ___ Unfair

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Source: Walters, 1975.

can pay benefits when the group actually begins. Many of these activities, which we term pregroup activities, are covered in the chapter on getting a group started. Group member selection procedures, group composition, the use of structure in the group, formal operating rules, and guidelines are examples of decisions that can be made prior to the group starting that will have an impact on the eventual success of the group (Corey & Corey, 1992).

We feel that the leader needs to have a reasonably good grasp of what constitutes normal group development and stages through which a group can be expected to progress. Developmental stages in process groups are discussed more thoroughly in the chapter on maintaining a group.

Silence

Silence at the beginning of a group is usually one of the most dreaded fantasies for the beginning group counselor. "What will I do if nobody wants to talk?" Probably a wise procedure is to understand that some periods of silence are to be expected at the beginning of the group. It represents a transition from the "outside" world and concerns to the work life of the group. It's frequently an opportunity for members to change gears and focus energy on the immediate surroundings. At the start of the initial group session the leader probably should not allow the group to sit for an extended period of time in silence. This simply adds to the group member's anxiety—unnecessarily. Since many group members will not know what to expect, they will respond to a prolonged period of silence with fear and sometimes anger. A much better procedure is for the group leader to help bridge that initial discomfort in a productive way while not sweeping the available anxiety totally under the rug. We never recommend that the leader provide any pseudo-issue for the group to deal with such as shall we sit on the floor or in chairs. Decision making of that nature at the beginning of a group holds the potential to quickly polarize the members, creating barriers that will later need to be overcome. Some more positive things that can be done include:

1. *Introducing a discussion of group rules or guidelines.* The leader will definitely want to reinforce the confidentiality

aspects of the group. A good idea is to get a public concurrence with this rule. It begins to reassure members that they can disclose themselves in relative safety.

Other group guidelines also can be discussed if necessary. This has the advantage of providing content about which the group can verbalize. A goal of the leader would be to get as many members as possible involved verbally. Verbal involvement can signal commitment.

2. *Modeling appropriate self-disclosure*. Frequently, members are reluctant to begin to participate simply because they are not sure how to start or what to talk about. We have had a good deal of success with starting groups by sharing with members our own affective states at the particular time. A slight case of anticipation anxiety is usually something with which most members can readily identify, and this disclosure frequently sets the tone for talking about their feelings. Members tend to feel less isolated and unique, and frequently will say, "Yes I'm kind of nervous, too. My stomach has butterflies—because I don't know these people." This has the added benefit of usually eliciting empathic responses from some group members. Most usually, this kind of beginning is followed by one or several members coming forth with some problem or aspect of themselves that they are willing to share about and work on.

3. *Using some low-threat interpersonal exercise.* These activities or techniques are frequently called "ice-breakers" and, used judiciously, can help ease the transition to group productivity, particularly for group members with little prior group experience. A number of these activities are available whose primary goal is to promote member interaction. Activities that focus on personality characteristics, attitudes, values, beliefs, and perceptions tend to be better than those that are content, topic, and data oriented. Exercises designed to work with first impressions tend to break the ice.

In the normal development of a group many first-time occurrences in the group can be termed critical. The manner in which the group leader handles the incident is important because group members are focusing their attention on leader behavior. Initially, they prefer to see the leader as flawless.

Subgroups

What quickly becomes apparent in the initial stages of a group is that verbal participation will be unequal. Several of the more verbally powerful members may unconsciously form an alliance that excludes some of the more passive members. They can quickly monopolize group time as resentment builds among the less assertive members. Structured activities, and in some cases a timer, can be used to prevent this. As the group becomes more trusting and self-responsible, these issues can be dealt with directly in the group.

The leader will want to remain sensitive to the possibility of subgroups developing around verbal skill, personality dominance, value differences, attitude variances, etc. While some of this is inevitable in heterogeneous groups, allowed to simply run their course, splinter groups can be destructive to the group as a whole. Conflict within the group can be helpful and growth producing if the leader is prepared to deal with it openly and fairly. All participants should be encouraged to present their opinions and points of view. An atmosphere of respect can develop among all members when conflict and differences are viewed as natural and healthy and to be expected. The leader can model this behavior by mediator of conflict and differences.

Power Struggles

Power struggles will occur in the group just as they do in individual relationships. A certain amount of this can be considered natural. Just as in a family, members will jockey for position and a recognizable spot in the pecking order. In the normal course of things this issue is usually quickly resolved. The leader needs to guard against promoting this by equally sharing his or her time and attempting not to show favoritism. In a healthy group, the issue of power is shared and the group remains flexible with expertise available as issues emerge. Only when a subgroup remains outside of the mainstream is group growth retarded. This requires direct intervention on the part of the leader if the total group is to be salvaged. Further growth and cohesiveness is impossible if competitive subgroups are allowed to function.

Group Cohesiveness

Cohesiveness in a counseling group refers to the feeling of togetherness experienced by some groups. It is frequently talked about as the "glue" of a group—that difficult to define quality that results from an overall interpersonal attractiveness. In a constructive sense it is related to the chemistry of a group and the overall good, supportive, and respectful attitudes that members have for each other and for the group as a whole. Cohesiveness is evidenced when members begin to assign some priority to the group experience, value, and equality to other members, a willingness to give as well as to receive, and a certain "we-ness" that can be exclusive of persons not in the group.

While this cohesiveness is a desirable group goal because of its benefits to members in terms of support, what is also possible is for some groups to unconsciously unite and become "too cohesive." This is a difficult process problem for the leader because the underlying motivation is usually anxiety or fear of disclosing, perceived loss of control, and lack of trust in the leader, the group, or the process. Groups like this can become "cousin" groups where what occurs is a lot of rescuing of individual members, denial of problems and conflict, and circular and superficial talk. Kurtz (1992) discussed too much cohesion as "group think," where members avoid conflict to maintain a warm atmosphere.

Probably the most effective leader intervention is to gently point out the problem and help the group members to reexamine their goals and confront their anxieties. According to Slavin (1993), the best time to promote cohesion, even with resistant clients, is with immediacy through confronting issues in the here-and-now. Leaders need to guard against becoming personally frustrated when the group refuses to move. All the leader can do is create the conditions for growth. He or she cannot force a group to grow. Taking too much responsibility for the progress of the group is a frequent trap for inexperienced leaders. If all else fails and the group seems committed to staying in one place, the idea of dissolution is a possibility. No guarantee can be given that every collection of individuals will become an effective group.

Resistance in the Group

Most group leaders will encounter resistance in the group at one time or another. Groups will sometimes "agree" at an unconscious level to stand pat or resist moving toward more intense interpersonal levels. This can occur with individuals in the group or among several group members simultaneously. Behaviorally, this is often reflected by group members becoming less verbally involved by returning to relatively superficial issues and then exhausting the subject matter.

Group leaders need to look at their own feelings when a group becomes resistant. Leaders who have unrealistically high expectations for the group can become frustrated with the lack of progress and thereby lose objectivity. A point to remember is that some resistance can be expected in most groups at some time. If leaders are aware of this, they will be less inclined to personalize the resistance and accept too much responsibility for the group.

Remember that resistance typically is related to issues of trust and security. When several individuals are reluctant to take risks in self-disclosure and interpersonal encounter, usually an issue of lack of trust is at the base. Trying new and risky behaviors in the group can put members in touch with their basic feeling of insecurity. "If I disclose my most closely guarded secrets, who will be there to nurture and care for me? Will I still be acceptable to these people if they know what I'm really like? Can I trust these people to care for my personal issues in a gentle and caring way?"

The most effective strategies involve leaders sharing their own immediate observations as to behavior and causation. "The groups seems to be stuck on content issues at this point. I wonder if this means that we're feeling somewhat insecure and a little scared to move toward more honest confrontation—and maybe intimacy?"

Whatever the intervention choice is, remember that some resistance is natural and that issues of security and trust are usually the cause. When group members have an opportunity to deal with their individual and collective feelings of doubt and mistrust, the opportunity will exist for a quantum leap in group development. Kline (1990) noted that leaders respond best to resistance when they are clear about their own reactions, decisions to intervene, and have some grounding intervention principles and objectives. A group leader who is comfortable with handling resistance can facilitate some of the most powerful opportunities for group progress.

PROBLEMS ENCOUNTERED WITH GROUP MEMBERS

Control and Controlling

When the group leader encounters various individual member styles and resistances, it can almost invariably be assumed that the issues are related to group members' needs for personal control and, by extension, a need to control the situation. Experience has taught us that members who have a high need for situational control typically feel threatened and anxious about exploring their personal issues too carefully for fear that they will "lose control of self" and be overwhelmed by feelings of insecurity and worthlessness. Fear of the unknown or of ambiguous, unstructured, and confusing situations pose a real threat to these individuals.

Our observation has been that members will call upon their basic personality orientation in attempts to bring order and understanding to these perceived fearful situations in the group. Much of the behavior that might be viewed objectively as rigid and/or resistant seems to occur outside of all conscious awareness of the controlling or controlled member. Within this framework, controlling behavior can be viewed as a purposeful, although in many cases extreme and maladaptive, attempt on the part of a member or members to bring reason, stability, and comfort to an unsettling situation.

Naturally, at the deepest intrapsychic levels, needs for control can be viewed as core personality issues which are related to trust in oneself and others. Vague and sometimes highly specific fears need to be treated gently and with much of the reassurance and support that was probably missing in a person's life at an early and impressionable developmental stage. No quick fixes exist for a person's resistance to vulnerability and trust. Empathy and gentle compassion coupled with focus on the behavior tends to lessen the anxiety.

We also have found that a useful procedure is to briefly explain to group members that all normal human beings seek a certain measure of personal control and when monitored and kept within nonneurotic boundaries, the control is useful and is related to a powerful sense of self. The polar opposite or extreme would be "out of control" and the implication of impotence, helplessness, and total dependence. Nobody wants to experience those feelings. Within this general framework of control, we can proceed to a discussion of various individual members' styles or roles that surface in the group as an attempt to maintain intrapsychic homeostasis. In general, these members' behaviors center around avoidant behaviors, dependent behaviors, aggressive, and/or power behaviors.

Avoidance

Avoiding the encounter with others and self is considered by some group leaders to be among the most difficult member behaviors to impact constructively. The member who uses some form of avoidance is choosing an isolated position in the group and can quickly become a frustration to other group members. Behaviors associated with avoidance can range on a continuum from absence from the group to somewhat more active avoidances such as the Pollyanna or naive role. Of course, a member who is habitually *absent* from the group becomes an overt management problem for the leaders. Some members will attend a session, sometimes becoming the focus of attention, only to go AWOL for the next three meetings. Naturally, the leader needs to intervene with this behavior and discuss the implications of this "hit and run" behavior for the members and for the group as a whole. Generally, if a member cannot make a concrete commitment to regular attendance, he or she needs to consider exit from the group.

Withdrawal

Distancing behavior in the group begins with the habitually silent member. This extreme form of continual reluctance to participate verbally can set the member up either as a "group project" or as a scapegoat—depending upon the member's overall attractiveness to the group. Either outcome has serious implications for the group. The group might unconsciously join the silent member in offering inappropriate advice and reassurances in order to enlist the member's participation. A person with a low level of attractiveness might become the target of group discontent and even hostility. The group leader needs to heed warning signs that a member is withdrawing by focusing on the behavior and helping the member to risk and develop trust in the process.

A chronically *withdrawn* member might be depressed and the group leader may well suspect depression with any member who is choosing avoidance as a coping mechanism. Social withdrawal is a common symptom of depression and coupled with other observable signs such as crying spells, depressed facial expressions, and lack of animation needs to be checked out by the group leader. Psychological indicators of depression include feelings of worthlessness and guilt, anxiety, and loss of energy. Physical signals associated with depressive states might be an increase in sleep disturbances, changes in appetite, and sexual interest.

The leader must suspect depressive states with any of the avoidance behaviors, as they may be early indicators of suicidal intentions. When depression is suspected, the group leader needs to consult with a psychiatrist or with the member's family physician, as some form of psychopharmacological treatment may be indicated as an adjunct to psychotherapy. This is particularly true with mild depressions.

Alienation

The *alienated* member may couple his or her withdrawal with active faultfinding and negative assertions in the group. This type of behavior, while disconcerting to some members, is actually easier to deal with because the person at least gives some responsiveness to current events. The anger base alienated members often come from can be linked to early experiences as a way of helping the individual open up and trust.

Naiveté

Finally, avoidant behavior is sometimes manifested by *naive* or *Pollyanna* type personalities. While they are somewhat related, the naive member may truly lack some essential life problem-solving skills. This is one of the few group member types that can in some instances truly profit from concrete and specific advice from other helping member's. Since their experience base is typically limited, other group members can help increase the naive members awareness by sharing their own experiences and ideas. Sometimes group members will share specific verbatim sentences for the naive member to use! When the sentences work, and they often do, and the naive member begins to perceive constructive changes in his or her environment, a change in attitude or perspective often trails along. Naive members typically need a lot of encouragement and reassurance. First-order behavioral changes often offer hope to the group member.

Pollyanna

The *Pollyanna* has become convinced that the world is Disneyland with a perpetual silver lining. This is an active denial of all things unpleasant—the "rose colored glasses" syndrome. This behavior in group is most often observed in response to another member's problems where the indication is to gloss over and deny pain. The skillful group leader will spend some time instructing the Pollyanna members, and others in the group, of the benefits of experiencing the fullness of an event. Frequently out of pain, grief, and hurt is when we stretch and grow most.

Dependency

The next major group of resistances center around *dependence* issues. Once again, the seeds of dependent personalities were probably planted early in a person's history. Overly socialized or compliant personalities often label themselves as people-pleasers when they become aware of the motivation for the behavior. In general, this personality type is quite responsive to their environment and "sensitive" to others. They often are perceived as warm and nurturing, as accepting and nonjudgmental, and as people who listen well. Nice to be around, if not exciting, they often elevate others at the expense of their own denied wishes and desires. Acutely sensitive to powers in relationships they sometimes go to extreme lengths to avoid conflict and the arousal of displeasure in others.

Harmonizer

The *harmonizer* is one example of the dependent type. He or she will tend to gloss over potential growth producing conflict in the group by distracting and changing subjects. Cooperative to a fault the harmonizer will seek to avoid confrontation with his or her own fears by attempting to create an atmosphere free of tension in the group. Closely akin to harmonizer is the coordinator.

Coordinator

The *coordinator* often takes harmonizing a step further and serves as the unofficial group coordinator. This is a more active defense and frequently involves "doing" things for the group and the members. The coordinator may volunteer for any number of tasks, large and small, in an attempt to ingratiate the other members.

Group Clown

The *group clown* shares some of these needs but is also somewhat more exhibitionistic in pleasing others. When handled appropriately, the person with the great sense of humor can provide tension release and opportunities for therapeutic laughter in the group. Laughing, particularly at oneself and our own foibles and mistakes, can diffuse some of the deadly seriousness with which we approach our problems. Laughter and humor are signs of a healthy person and are an excellent way to share our humanness with each other.

The flip side is when the clowning is out-of-context or inappropriate. While laughing and depression are incompatible responses, to think that we can laugh our troubles away is to be very naive. Laughter can provide perspective. When the clown uses jokes and silliness at the expense of a true and meaningful encounter, it has the potential to interfere with group progress. The clown needs to be reassured that he or she is O.K., and that they have a secure, stable, and valuable place in the group. The person needs to understand and internally recognize that winning the clown spot each week is not necessary.

Rescuer

Rescuers are probably guilty of projection in the group. When sensing the onset of conflict or discomfort for a particular member the rescuer will often rush in to "save" the person who is perceived to be in the hot set. Rescues can often be marked as subtle helping so the leader needs to be alert to this phenomenon. A gentle intervention that confronts the behavior respectfully but directly not only helps the rescuer but also the person being rescued. Everyone gets to be an adult and take care of himself or herself. Much rescuing behavior happens outside of the rescuer's conscious awareness so the problem is sometimes difficult to manage. Several "reminders" may be needed from the group leaders.

Problem Solver

Problem solvers also can pose a unique management situation in the group. People with this orientation are usually quite convinced that they have many helpful suggestions to remedy a person's problem. Persistent advice and problem solving suggestions are most often offered from a "common sense" experiential base, are highly specific, and frequently ignore many of the intrapsychic subtleties. This type of helping often comes from persons who have made their way themselves and have an abundance of ego strength. They often cannot understand why another person doesn't "just do it!" They tend to be cognitively oriented and action directed and have a hard time relating to people who experience ambivalence. Subtle interventions typically don't work very well.

Strokes for listening well, attending, and supporting other members will sometimes get the desired behavior as the problem solver gains an appreciation for some of life's complexities.

Poor Me

The "*poor me*" members have become accustomed to staying in self-pity, helplessness, and despair. They seemingly gain a good deal of personal control and power by having a lot of group attention focused on their problems. Members with codependent issues and "victim" personalities often fit this picture. Similar in style to naive members, the "poor me" person seems much more invested in maintaining, albeit at unconscious levels, a one-down life position. In relationships they are almost invariably clinging and overly dependent upon the other person for their own feeling of self-worth. They sometimes seem capable of enduring endless mistreatment.

This member needs enormous reinforcement and an affirmation of being O.K. in order to counter-balance what is probably a lifetime full of diminished self-esteem. Naturally, this is a slow and patient process that hopefully will culminate in increased self-trust.

Compulsive Talker

Compulsive talkers present a somewhat unique problem for the group leader because, unmonitored, their behavior can become overly intrusive in the group. Also because many members feel somewhat impotent in the face of rapid fire verbals, the talker may set himself or herself up to become the group scapegoat—or at least a poorly favored member. We sometimes suspect the talker of having an unconscious fear of death. In many instances, not all, compulsive talkers have a need to affirm their existence by hearing the sound of their own voice. This phenomenon usually has its roots in early developmental experiences so awareness is usually deeply hidden. Talking can be a compensation for feelings of inferiority. " If I can talk and command attention I must be important." This behavior needs to be confronted gently but firmly. Ignoring it can have detrimental effects on the group. Inferiority feelings in the compulsive talker are often linked to self-perceived intellectual deficiencies and sometimes are coupled with perfectionism particularly in school matters and academic achievement in general. The person is usually well-read and possesses a breadth of information.

The final major group of resistance has to do with issues of *aggression* and *power.*

Manipulator

This final category of individual member roles or styles distinguish themselves from the others and are grouped together because they tend to be more *active* resistances in the group. A person in this group could be labeled a *manipulator.* This person will tend to seek control in the group in order to accomplish his or her own internal agenda. Two general types of manipulative personalities are recognizable. The first one is relatively benign but still can have an impact on the group. Type 1, we sometimes refer to as the "music man." Such a person frequently is relatively transparent in his or her needs for group control, may use clowning and a highly developed sense of humor, and is most often quite charming and attractive. These people have highly developed social skills, are accustomed to pleasing other people, and have almost a desperate need for approval. Their behavior is often designed to seek leader approval as the group's "favorite son or daughter." This person, with gentle persuasion, will often recognize this behavior and contract to modify it.

Type 2 manipulators are much more difficult to deal with and in some ways are not good candidates for group intervention. Their needs for power, control, and dominance are usually much more repressed and unconscious. This, coupled with a diminished level of social interest and underlying wounds that surface in anger, frequently results in group behavior that is emotionally detached and even hostile. These members often will be suspicious of nurturing and caring behavior in the group and not trust it because no history of that exists in their experiences. They view the world as a place that is unfriendly and to be guarded against so that supportive behaviors in the group tend to be mistrusted.

The double bind this member puts on the group is that when group members become frustrated and begin to match the Type 2 behavior with detachment and/or overt disapproval, the manipulator can then view the group's behavior as further evidence that the world is "out to get him or her" and had better protect self.

Clearly, behavior that is rooted this deeply in a history of deprived significant relationships will not yield to quick or temporary fixes. This person will probably require ongoing therapy. The leader needs to be at once gentle but firm. Interestingly, once this type personality is *enlisted* in the therapeutic process, and that is a key variable, he or she often becomes an excellent group member. An important point is that he or she views the group leader as a strong and competent person.

Intellectualizers: Super-Helpers and Special Interest Pleaders

These intellectual types are similar in their in-group behavior in that they rely heavily upon their cognitive abilities to seize and maintain control in the group. *Helpers* are usually well read in popular psychology and gain a certain amount of group attention by offering their interpretations of others' behaviors and problems. This can be seductive in the group because sometimes they can be very accurate and helpful. Most frequently, however, their interpretations only address part of the problem or are offered too quickly and at the expense of other group members' exploration. Again, they tend to be intellectual solutions based on the assumption that knowledge and information will surely change behavior. Reinforcing helpful suggestions and actively interfering with those that are not helpful seems the most appropriate leader intervention.

The *special interest pleader* is typically locked into a highly focused frame of reference that makes it difficult for him or her to see a large and complex picture. Whatever the special interest, the pleader has typically discovered "the truth" and is so involved in it that he or she will have an almost compulsive need to share experiences and ideas with others so that they too might have "the truth." We have seen this particular orientation surface in group members around religious and spiritual issues, drug and substance use, various kinds of intensive and excludatory "group" experiences, and over exercise and diet regimes. The pleader is typically a recent convert to the cause and is practically obsessive in his or her interest.

In the early stages of the group the leader needs to be accepting of the individual's point of view while also limiting long discourses on any special topics. Interventions need to be fairly direct because those with highly focused special interests often do not perceive and respond to normal social cues that group members might offer.

Attacker

The final difficult member can be labeled an *attacker.* This can often be the most frightening member for the inexperienced group leader because the grab for power is frequently very direct, aggressive, and even hostile. Since this person has probably never felt included, the group pressure to conform to social standards will often elicit responses that are rebellious and challenging, in effect a resistance to becoming a part of the group. This grows out of a fear of being overwhelmed and incorporated with a loss of individuality and independence.

Attackers almost always stimulate and energize the group. Because of their assertive demands, they help other more reticent members of the group get in touch with their own feelings about conflict and self-assertion. Consequently, reframes can accomplish two goals. The first is to reassure the attacker that his place is assured, and that boundaries will be respected. The second is to demonstrate to the group that differences in behavioral styles are acceptable and can add to the richness of the group. An example of this would be, "Thank you for pointing that out. We can always count on your honesty and directness in this group."

Once the attacker has attached himself or herself to the group therapy process, the leader will want to help investigate the underlying cause of the behavior which results in putting people off or keeping them at a distance.

A final caution with attackers is as follows. When the issue under attack has to do with content or depersonalized ideas, it can simply be an annoyance or perhaps an inhibitor to progress. If the attack is directed at a person and is abusive in nature, the group leader needs to take direct action in stopping the behavior. Abusive behavior should not be permitted in groups any more than it should in families or other social collections. For instance, "John, I appreciate your courage in confronting Mike with your feelings. It's clear that you have a lot of investment in this issue. At the same time, you'll need to find more appropriate ways to express your disagreement—your words feel abusive to me and that won't go in here."

Resistance

Kottler (1983) proposed 15 reasons why a group member might be resistant. They bear summarizing here as they can assist the group leader in being objective about perceived resistances.

1. The client doesn't want to be in the group in the first place but is only attending to satisfy the demand of someone else.

2. Resistance is frequently an adjustment reaction to a novel situation. Therapeutic groups are strange places to the uninitiated. Only a fool would take the apparent concern, empathy, and safety at face value until phenomenological confirmations are experienced.

3. Under pressure to conform to group norms, all but the very meek feel the need to flex their individuality. Resistance

thus can be an expression of rebelliousness, and unwillingness to be grouped as a part of the whole.

4. Much client anxiety may be centered on negative expectations of what the group experience might offer.

5. The unusual and flexible leadership style of most group therapists presents a confusing image to clients at first. Authoritarian, democratic, and laissez-faire behaviors might all be in evidence within a single hour. The leader is definitely an authority figure to group members, but a very unconventional authority nevertheless. However warm and caring, the therapist's actions still represent "the powers that be" to anyone who doesn't have power. Resistance can therefore be a testing of limits to carve out pecking-order roles. If ever a place existed to challenge authority by resisting compliance to expectations, a therapeutic group is the ideal.

6. People have social fears of groups. This fear of being judged by others and interacting in groups sparks a lot of resistance in those who want to speak up but feel they can't perform adequately in front of their peers.

7. A corollary of the social-fear motive is resistance due to a fear of failure. Persons who are used to feeling totally successful in their chosen profession and peer groups feel out of their element in a therapeutic group. They expend every ounce of energy trying to make themselves look good and logically spurn any opportunity that involves the spontaneous or unpredictable, where perfect competence isn't guaranteed on the first trial.

8. The great unknown makes people think twice before they leap. Some group members become very slippery to avoid having to take risks. They will work on self-awareness or insight, but when the time comes to apply new knowledge in the real world, they find their courage has left town without them.

9. Resistance can be a sign of someone who enjoys manipulating others. It is, after all, an attention-getting ploy that evokes emotional responses in other members and even in the leader. The resistant client who can stop leader actions dead in their tracks collects laurels of pity from others, and at the same time feels like a poor victim who can't help the situation.

10. Every group member has formulated preferences for how he or she prefers all other participants to be and to act. When they don't cooperate according to the plan, resistance can be used as a way to punish offenders.

11. Resistance also can be an act of jealousy to sabotage forward motion. Every time a group member makes significant life changes, he or she helps other clients to feel more dissatisfied with their inertia. A client then can refuse to cooperate with group proceedings knowing that by resisting he or she no longer has to feel threatened by the rules the productive members are following.

12. The expression of ambivalence is not only evident in sabotaging other clients' progress in the group but is strongly reflected in one's own attitudes toward changing: "I want to be different from what I am, but I don't really want to handle the consequences of this growth—having to be responsible for my life."

13. A group member experimenting with new behaviors experiences a frustration similar to that of an infant trying to practice turning over. Like the infant, who will pout and fight after a desperate effort, the client will resist "handling" when his or her patience is worn thin. What looks so easy for the leader to do is impossible for the client to feel comfortable imitating. Resistance in this case acts as a warning to the therapist to back off until the client's energy supplies are replenished for counterattack.

14. Resistance also is used as a pacing mechanism to stall for time. In the language of physics, resistance is the drag

that slows down the force of movement. When change accelerates too quickly, the human mind will attempt to decelerate progress to more comfortable levels that allow breathing space.

15. Finally, resistance can be a strategy of personality style. Some folks take pleasure in resisting anything because it is intrinsically satisfying for them to participate in conflict. They love the challenge of argument and controversy and will switch sides fluently, depending on which point of view offers the best opportunity for antagonism. Such persons resist because they are strong willed enough to appreciate the stimulation that comes from locking horns with a powerful adversary.

SUMMARY

This chapter begins by looking at general characteristics of the group leader and proceeds to methods of assessing the strengths and weaknesses of group members. A Self-Assessment Scale is presented that allows group members to share their own perceptions of self in the physical, emotional, and intellective areas of functioning. After a brief summary of pregroup preparations and minimal member expectations, the focus is on common problems encountered in normal group process. Subgrouping and power struggles are discussed and a sample handout that covers the basic procedural group guidelines is presented.

The concept of group cohesiveness is covered along with a general introduction to resistances in the group. Specific problem group member roles are addressed as they relate to a member's basic personality.

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CHAPTER 7

TYPICAL ISSUES IN GROUP COUNSELING

Education is the ability to listen to almost anything without losing your temper or your self-confidence.

Robert Frost

In the previous chapter, we discussed many of the specific problems which often develop in the group counseling process. In this chapter, broad issues which we have found to be typical in working with most groups will be the focus. How counselors respond to these issues can significantly affect the interaction of the group and thus the group process. Many group counselors remain firmly entrenched in their adherence to the traditional scheduling of once-a-week group sessions. Is their stance on this issue based on an explainable rationale? Is such scheduling for the convenience of the counselor or for therapeutic enhancement of the group? Another issue with which beginning group counselors must deal is the question of extent and degree of structuring to be utilized. What is the counselor's attitude about structuring? To what extent can structure contribute to the development of interaction in groups? Must the approach to the issue of structure be all or none? An equally perplexing issue for the inexperienced group counselor is how to respond to silences which often occur in counseling. Typically, periods of silence are viewed as nonproductive. Is it possible that silence is a natural and dynamic part of the interactional process in groups? Although individual member contracts for behavioral change have been used for some time in counseling, whether or not to utilize contracting is still an issue because this procedure has been largely misunderstood. Could contracting for behavioral change contribute in some way to group cohesiveness? These issues are discussed in this chapter.

SESSION LENGTH

Although the unique values of group counseling are generally accepted, a basic question remains involving the effect of the span of time over which group counseling sessions are spread. As in the case of the early history of group counseling, are we to continue our present practice of spacing group counseling sessions 1 week apart because it has often proven expedient to do so? Perhaps equally effective results could be achieved with other sequencing of sessions.

In striving to extend and intensify the effectiveness of group counseling in an effort to satisfy the counseling needs of all individuals, traditional concepts and scheduling based on counselor convenience must be reexamined. Counselors should determine the effect of varying the amount of time between group counseling sessions in order to further our knowledge of which group activities and procedures best promote the effectiveness of group counseling sessions meeting the usual once a week. Does the duration or span of time over which group counseling sessions are spread affect the desired results of group counseling? Obviously, 5 hours in one week, 5 hours in 5 weeks and 5 hours scattered across a year's time are not equivalents and thus are a factor in outcome.

Proponents of short-term group therapy emphasize the needs of the particular group rather than adhering to a rigid time frame.

Garvin (1990) noted that availability of the members, the setting of the group, the group focus, and the motivation of the members all contribute to how often and how long the group meets.

Although a lack of correlated research in this area exists, several studies, deviating from the traditional one session per week, have reported favorable results. For example, Kanas (1990) treated a homogeneous group of inpatient schizophrenics in groups which met three to five times a week. Landreth (1966) found groups meeting twice a week and every day to be as effective as groups meeting once a week. Imber and Evanczuk (1990) also commented on the effectiveness of brief crisis therapy groups that met daily, three times weekly, or once a week. Koeppe (1961) investigated the effect of one full day of group counseling and concluded that the sessions were effective. Bach (1966) and Stoller (1968) have reported success with group sessions that last from 30 to 48 hours without a major break.

Seemingly, breaking away from the "lock-step" pattern of one session per week has proved beneficial. If 10 sessions of group counseling over a 2-week period could achieve results similar to that of 10 sessions in 10 weeks, then an individual or group might be better adjusted and more productive 8 weeks sooner. The criterion for selection of the group counseling sequence desired should be based on the needs of group members. Group counseling sessions need not be scheduled on a weekly basis simply because tradition dictates.

STRUCTURING GROUP PROCESS

Probably the chief concerns of the beginning group counselor are, How do I start the first session? What should I say? What will we talk about? Should I offer the group a topic to discuss? What group techniques can I use? These are questions counselors often ask themselves again and again as that first group counseling session draws near.

Most experienced group counselors have discovered that the question of how to structure the first session, and succeeding sessions as well, is more of a concern to the counselor than to the members. Such questions also suggest the counselor may be accepting too much responsibility for the group and thus depriving members of the opportunity to struggle with the responsibility of creating a group in which they are willing to invest themselves in the process of exploring what is of primary concern to each member. This is not to suggest, however, that complete absence of structure must or should exist.

Counselors often avoid what they perceive to be structuring in order to adhere to a particular counseling approach. What is frequently overlooked is the fact that some structuring is evident in all groups. When the counselor explains to the group what group counseling is, he or she is structuring. The topic of discussion in group counseling also is structured, to an extent, in that most group counselors are more likely to respond to the feelings they sense in members rather than the expressed verbal content. Likewise, determining when the group will meet, what general topics will be discussed, the importance of keeping confidences, and the setting of limits when necessary are all examples of structuring found in most groups. Appropriate structuring can be facilitative to a group; overstructuring, whereby the counselor becomes the teacher, or adherence to rigid rules can interfere with the therapeutic developmental process inherent in groups. Recognition, therefore, that some degree of structuring exists in all groups results in a shift of focus. The question becomes not whether to structure, but how to select the kind of structuring that will be most appropriate to the group.

One position on structuring is that greater responsibility for self, a goal of most group counseling experiences, can be facilitated by allowing group members to contend with previous questions and to make some decisions for themselves. Another position on structuring is that some groups may not be ready to assume such complete responsibility. Possibly the members may need some assistance in learning how to work together and to conduct productive group discussions if they have had no previous group counseling experience or have not been exposed to small group discussions in other settings such as their classrooms. For example, students do not immediately become effective group members simply because they are placed in a counseling group. Some structuring, therefore, may be helpful in the initial session. Structuring does not necessarily imply a "take-over" role for the counselor. Structuring may be helpful in assisting the group to get started in those typically awkward first few minutes of the initial session. In addition, structuring also may help the counselor to approach the experience with more self-confidence, which is a prerequisite to the development of a cohesive group. High anxiety levels on the part of the counselor often contribute directly to the dysfunctioning of a group. This is especially true of groups where the counselor is reluctant to confront and reveal his or her own anxiety to the group. Failure to do so may be perceived by members as the counselor saying to the group, " In here we don't talk about feelings." That is structuring the relationship whether or not the counselor intended to do so.

Structuring for Members

The initial structuring in the first session might go something like the following excerpt from a school counselor's comments during the first few minutes of a new group:

> Well, everyone is here so we can get started. We all know each other, and we all know why we're here. Each one of you is concerned about your progress in school. Your grades aren't what you would like them to be, and you decided to come to this group because you want to work on that problem. There may be other problems or concerns we all share or that you feel the group can help you with. If there are, it is your responsibility to let us know about what you are concerned. It is our responsibility to work together to help each other and ourselves find out some of the reasons for the difficulty, and what we can do.
>
> We'll be meeting in this room every Tuesday at this time for the next 10 weeks. While we're together in this group, you can say anything you want. Whatever is said is just for us and is not to be told to anyone outside the group. I will not talk to your teachers, parents, or the principal or anyone about what goes on here. I'm here to work with you. I don't have a

lot of answers to give you, but together perhaps we can work something out that will be helpful to all of us.

At least three alternatives exist at this point in the process of structuring:

1. The counselor may ask, "How do you feel about talking about yourself in this group?"
2. The counselor may ask, "Is there anything else we need to get cleared up or does anyone have a question?" and then move on to the first question: or
3. The counselor could say, "Other groups have found it helpful to go around the circle and have each person tell the group about what they are concerned, and how they think the group can help. Who would like to begin?"

Counselor Self-Structuring

The beginning group counselor might find some self-structuring such as the following reminders helpful in his or her efforts to facilitate group interaction.

1. *Be patient.* Wait for responses to questions. Members need time to think about what they want to say.
2. *Help members to interact with one another* by clarifying the similarities and differences in what members are saying.
3. *If a member or several members seem to be confused, ask another member of the group to summarize what he or she thinks the speaker has been saying.*
4. *Recognize that you, as the counselor, are not the authority.* You don't have all the "right" answers. Help members to respond to each other. "Mark, you're talking to Ruth, but you're looking at me. Can you tell her?"

5. *Avoid being the answer source.* If the counselor is asked for an opinion, refer the question to the whole group by saying, "What do the rest of you think?"

6. *Determine who is doing the most talking.* If it is the counselor, he or she may be trying too hard to teach everyone something.

7. *Try to determine what the central theme of the discussion is and respond to that.*

8. *Pull things together for the group* by verbally linking what one member says with what another member has said if it seems to fit or be related.

9. *Listen to the feeling tones behind the words and respond to this inner depth,* rather than simply to the words you hear.

If the counselor attempts to jump the group ahead in order to avoid the initial process of struggling together, the group may never feel safe enough with each other to relate the awkward and confused feeling many members experience. The experience of struggling together provides a degree of equality among members in that each member comes to realize that he or she is sure everyone can hear, or the magnetic pull of the floor that has his or her eyes riveted to one spot. Individuals want to look up at the other faces but cannot. Something will not let them. For the counselor to remain completely inactive at this point would seem to provide an absence of structure but may in fact be structuring to such an extent as to be perceived by members as an indication that such feelings are inappropriate. Responding to such feelings, however, conveys to the group that this is a place where talking about self and feelings is acceptable. Such a move on the part of the counselor also says to the group, "I'm a person who is sensitive to what you feel, and I'm willing to face those feelings openly with you." For most members this kind of structuring is a profound experience: "Hey, she really hears me."

The kind of structuring discussed here allows a great deal of freedom permissiveness within the group and at the same time provides a framework within which the group can begin to function. If structuring is handled properly, a facilitative relationship will be established which provides the freedom and security necessary for growth-promoting self-exploration.

Structure as a Freeing Agent

Although structuring in group guidance and group counseling is usually thought of as an aid to the group, benefits to the counselor should not be overlooked. Many counselors are hesitant to attempt group work because they may have little specific training in utilizing a group approach. Even those with some training may still be unsure of just how to approach the group or what they should do first. Leader anxiety resulting from unsureness about how to facilitate the group or how members will function is easily detected by most group members. Consequently, they may be reluctant to become involved in the group because "Even the leader feels this whole thing is a bit shaky." When the counselor feels unsure, members usually don't feel safe.

The counselor's own feelings about self and the group have a definite impact on the functioning of the group. What is needed by many counselors is structure which provides a framework within which they can feel more sure of themselves and the group. The addition of structure, therefore, can free the counselor to utilize his or her skills more efficiently while gaining the necessary experience to function more effectively.

Too often groups flounder because the counselor assumes members are knowledgeable about group dynamics and process. In reality, the majority of individuals, especially school-age youngsters, may indeed know very little, if anything, about the skills necessary to function as an effective and contributing member of a group. Structuring, especially in the early stages of the group, can help members to learn how to be effective group contributors. As the sessions progress and members become more skillful, less structuring will be needed.

Structure provides direction, concreteness, and security, both for the leader and the members. This can be a source of maturation and growth in a group situation. Highly structured techniques tend to provide both the group leader and group members maximal amounts of direction and security with the possible consequence of a reduction in personal responsibility. Such structuring techniques typically rely primarily upon structuring by verbal means utilizing a predetermined sequence of questions or instructions. Accompanying pictures or puppets may be utilized in some highly structured approaches.

Moderately structured techniques tend to provide less specific direction and rely on the group leader and members to establish some degree of direction related to the initial focus of the structure. Consequently, a higher degree of personal responsibility is required. The vehicle for structuring the focus is usually a combination of some form of media presentation and open-end verbal responses that organize the focus of the group topically but still allow a wide range of member responses. Structure typically helps members move from a discussion of what happened there and then to an exploration of self in similar situations here and now.

A limited structure approach allows group members to originate the topic of focus and is assisted by the specific verbal and nonverbal activity of the counselor. Although structuring by counselors is often based on verbal activity, in a school setting nonverbal structuring through the use of carefully selected media materials including pictures, filmstrips, films, and transparencies that promote visual stimulation may be at least as helpful, if not more so, than verbal structuring.

Structure can promote group cohesion as members more quickly begin to interact and focus on common problems. A significant benefit is that the frustration of not knowing what is expected can be largely avoided.

Limitations of Structuring

Structuring may initially prevent group members from experiencing the responsibility of determining what content will be important in the group. Also, experientially learning how to cope with the anxiety and frustration of ambiguous situations is precluded. An additional concern is that the introduction of new topics or areas of focus for each meeting, as is recommended when strictly following some structural programs, may break the continuity of the discussions from meeting to meeting or prevent group members from introducing their own immediate concerns. However, our experience has been that group members, regardless of initial structuring, will move quickly to assert their own needs for determining purpose and what is to be discussed. This usually occurs with three to five sessions, and seems largely a result of group members having learned how to function together which in turn promotes a feeling of self-confidence and trust in the group. Therefore, it is essential that the group facilitator be sensitive to the group's movement away from the structured focus and remain open as the group explores areas of spontaneous concern.

Kinds of Structuring

The following is a brief discussion of some of the kinds of prepackaged structured activities available for use with group members at various age levels. No attempt has been made to be all inclusive, but rather the materials discussed are used as illustrations of the types of activities available to counselors. In general, they progress from highly structured to less structured in an attempt to adjust materials to the developmental level of the group members.

Moderately structured techniques also allow the introduction of a topic or "theme" but typically do not deal with it in such great specificity. Such a technique allows the group leader to formulate questions or leads depending upon the needs of the particular group. Specific examples of moderately structured techniques for children are structured exercise books by Landy (1992), Lane (1991), and Devencenzi and Pendergast (1988). Exercises are provided with directions for the leader and worksheets for the members. The exercises can be used to facilitate work on a number of issues such as motivation, self esteem, belonging, peer pressure, and families. Any exercise used should be designed for the individual students and for the specific group with whom the counselor is working and should be formulated to aid students to begin talking about themselves, their feelings, and behavior.

Corder (1994) discussed an extensive program for structuring adolescent groups. Corder developed her process through focusing on facilitating the curative factors reported as most important to adolescents and on decreasing high levels of anxiety she saw as inherent in the groups. The program consisted of several structured exercises such as "The New Learning Game" and "Role Assignments" to promote adolescent growth within the group process.

For junior high school-age youth through adults, somewhat more verbally oriented structured activities as found in Dennison (1988), Dossick and Shea (1988), and Morganett (1989). The determining factors as to the complexity of the media and/or activities are more related to the verbal and concept ability of the group members than to simple chronological age. Another factor to be considered in choosing structured activities is the relative interpersonal skill level of potential group members. In general, the fewer group experiences that members have had, the more appropriate will be activities that structure and help in skill development.

Essentially, all group members need skill in giving and receiving feedback in constructive ways, clarifying their feelings and ideas through self-exploration, and opportunities for self-disclosure. In addition to modeling the behaviors, group leaders need to be creative in searching out any number of activities that can enhance these skills in a group.

Using dyads and/or triads to break the group into smaller components often adds a measure of security and gives group members more opportunity to participate. The use of stimulus sentences, open-ended questions, and focused feedback work well and promote group member involvement and commitment. Structured activity manuals are also available to promote social skills building in and outside of the group setting (Khalsa, 1996).

Summary of Structuring

As has been clarified in the special issue of the *Journal for Specialists in Group Work* devoted to the dynamic of structure ("Group Counseling and the Dynamic of Structure," Vol. 4, Issue 4, 1979), there is general agreement that structure is a significant dimension in the group counseling process. Although structured techniques can be used to stimulate, to motivate, to teach, and to promote trust, the use of structure should not be abused. The recommendation is that structured approaches be used sequentially beginning with highly structured verbal approaches, followed by moderately structured visual approaches and concluding with an approach involving no externally imposed structured topic, thus enabling group members to establish their own speed, direction, and personality. When used sequentially, structured approaches become complementary and developmental and are thus compatible with the developmental life cycle of the group.

USING BEHAVIORAL CHANGE CONTRACTS

One of the most common criticisms of traditional low-structure approaches to group counseling is that the group can sometimes get lost in exploration. A member's self-exploration may result in an emotional catharsis followed by relatively unsystematic offers of encouragement and support from fellow members and from the leader. A pitfall of this free-flowing, sharing, and caring approach is that the benefits of exploration may be lost for lack of a specific behavioral goal and concrete checkpoints for progress.

This section will focus on developing a rationale and methodology for the use of individual member behavior change contracts within a traditional counseling group. In addition, some of the advantages and cautions in using this technique will be examined.

Rationale

Contracting for behavior change can be an effective method of introducing increased clarity, definition, and task orientation to verbal material that otherwise might remain vague and abstract. It can involve the member and the group in a specific process of problem identification and solution. Contacting can provide identifiable steps, bilaterally agreed upon, that help the person go beyond mere awareness or recognition to a program for change.

The concept of individual contracting for behavior change within the group is based on two assumptions. The first is that a reasonable amount of self-exploration has preceded the identification of the specific problem area to be contracted. A potential disadvantage of contracting is that the leader and group members will focus so intently on problem identification and problem solving that more profound areas may be overlooked. This is a particular caution with group members who have highly compliant personalities and are willing to go along with group advice and suggestions.

The second assumption is that the group itself has reached a level of trust so that interdependency within the group is healthy rather than pathological. This is important so that each member is free and autonomous enough to value group input, but at the same time is willing to assume full personal responsibility for the carrying out of the agreed-upon contract.

Within this framework of exploration, trust, and interdependency, contracting for specific change can assist the individual member in bringing historical problem material into the present where it can be worked on in the context of how it is presently affecting behavior.

Procedures

Frequently, group members perceive in themselves a need to make a number of changes in their lives. Constellations of problems can become overwhelming and self-defeating and often contribute to a spiral of depression. An example would be in the sometimes overused term "self-concept." How does one go about improving a self-concept? The answer would seem to lie with a relatively systematic and incremental approach that breaks problems down into behaviors that can be worked on with some assurance of success.

In order to insure that the contracted behavior is specific enough, the following criteria can be applied:

1. The desired behavior must be *valuable.* That is, the outcome should be intrinsically rewarding, and the behavior should be important enough so that the individual will be motivated to stay with the contract. The process of bilaterally negotiating the contract within the group will provide evidence as to the importance of the behavior change to the contracting member.

   Denial, rationalizations, and intellectualizations indicate to the group leader that the member is unready to proceed to the contracting stage—or that the contract is inappropriate.

2. The desired behavior should be *achievable.* Meeting this criterion rewards specificity and avoids goals that are too broad. In effect, the leader is contracting for behaviors over which the member has control. This control has the added benefit of placing the responsibility of choice directly with the group member.

   An example might be a group member who claims he or she "wants to be more assertive." Each group member could be expected to have a reasonable idea of what that means, but it is still a sufficiently broad constellation of behaviors so that progress is difficult to assess. A more manageable and achievable contract might be for the member to initiate verbal interaction three times per group session. This behavior can be monitored directly.

3. The desired behavior should be *measurable.* The ability to quantify results removes ambiguity and provides reinforcement as gains are achieved. Even behaviors that might not be observable in the group itself can be tallied by the contracting member and reported back to the group.

Through a process of give-and-take negotiation, the contracting member and the group together decide and agree upon a contract, method of reporting and observing, and a relative time line for completion.

Contracts should not be rigid. Amending a contract is essentially a process of renegotiation that might modify it or target an altogether new behavior. It is particularly important to state this ground rule explicitly so that members won't feel overly defeated if they are unable to carry out the conditions of the contract.

In a group setting it is usually satisfactory to use a simple oral contract as opposed to a more formal written document. The group leader might find it helpful to incorporate a brief reporting period at the beginning of each session. The process of negotiating a contract in the group also ensures that several people will be involved in monitoring progress.

Rewards

The incorporation of a desired new behavior in most cases is intrinsically self-rewarding, but many times group members can profit from a more tangible and immediate positive reward for success. An ice cream sundae (particularly if the problem isn't weight reduction) or some similarly pleasurable object or experience frequently can increase the short-term reinforcement. This can be especially effective with group members who experience difficulty in giving themselves permission to have a good time or to do nice things for themselves.

Failure to carry out the contract is usually a punishing consequence in itself since it assumes the continuation of undesirable behavior. Contrived negative punishers are typically not very effective as they can subtly influence the relationship of the group member to the leader and the group.

Advantages of Group Contracting

The contracting process has positive features both for the individual member and for the group as a whole. Since the group is actively assisting in goal achievement, at least an implicit agreement is to work with and support the member. This group commitment not only tends to mobilize group energy but can contribute to the overall development of cohesiveness and shared mission. Also, the group tends to stay involved with the process by providing feedback on the members' progress.

The contractor is the primary beneficiary because he or she is directly involved in choosing the focus behavior. Choosing contributes to a feeling of being in control of oneself. The goal becomes intentional, concrete, and targets very specifically what the focus behavior is.

The process of establishing a contract can facilitate self-exploration as the individual member and the group attempt to meet the stated criteria. In effect, it adds to the incentive to engage actively in the group process, while at the same time signaling very concretely the member's level of commitment to self and the change process.

Added benefits include the possibility of homework assignments to be completed outside of the group. A brief reporting system also gives the group an ongoing "task" for each session.

Finally, the contracting process can sometimes mean that the member is not totally dependent upon insight before initiating the change process. Intermediate success with measurable behavior change can lay a base for additional risks in the future.

Cautions

A number of traps need to be avoided in the group/contracting process. The group leader is ultimately responsible for recognizing these pitfalls and for taking corrective action when they are observed.

- *Contracting too quickly can subvert the exploration process.* Sometimes the inclination is to target on peripheral behaviors while in pursuit of the goal (contract).

- *Advice-giving can become the predominant mode of relating.* Naive group members particularly, in their genuine attempts to help, can overload the helpee with inappropriate advice and detailed personal stories.

- *Too difficult a contract can be self-defeating.* Compliant members may feel pressure to conform to a contract. Failure to live up to the conditions can add up to another loss for the member and may result in additional guilt and lowered self- esteem. The social (group) consequences of not meeting the goal could cause a member to leave the group. The novelty of a contract tends to wear off with time, and frequently fulfilling the contract isn't as easy as it first seems. The group leader has no real way other than group pressure to hold a member to a contract. This can be a double-edged sword with potential negative implications for total group growth.

- *Occasionally difficulty occurs in defining problems or goals in contract terms.* Often a necessary procedure is to remember the stated criteria and in some cases abandon the contracting process altogether. This requires a value judgment on the part of the leader as to the potential benefits weighed against the time involved in crystallizing a contract.

Summary Regarding Contracts

Contracting for individual member behavior change within the group can have benefits for both the individual and the group as a whole. The contracting process itself provides specificity and goal-directedness if it meets the stated criteria. The target behavior or goal should be valuable, achievable, and measurable.

While the contracting process can be a group process asset, a number of cautions exist of which the group leader needs to be aware while applying this technique. If used in a sensitive and timely way, contracting can help both the individual members and the entire group to grow and profit.

EFFECTIVE USE OF SILENCE

Meaning of Silence in Groups

Although much has been written to help the counselor understand the silent member in group counseling, total group silence is perhaps even more difficult to comprehend. This section is an attempt to help the group counselor anticipate and better understand what is happening when the counseling group experiences periods of silence.

Silence is a significant part of the group counseling process and can be as varied as the feelings experienced and happenings in the group. Each period of silence has a distinctive character. Silence can convey many different messages and seems almost like a contradiction of the word itself because the silences that occur in counseling groups typically "speak loudly" of what is happening. Each silence has its own unique purpose. Group silence is not silent; it is gestures, unspoken words, unverbalized feelings, facial expressions, and the group atmosphere. As Carroll (1970) stated:

> Silence in a group is not wordless
> Silence in a group is words
> Silence in a group is gesture
> Gesture in a group is not silence
> Silence in a group is not a group
> A group not in silence is not a group. (p. 551)

Silence—Part of the Group Process

Silence in a group is a natural part of the group process. What occurs or is experienced during the silence is not necessarily different from those times when the group is not considered to be silent. Since only one member can be heard at a time, the membership at any given time is usually silent with but one exception, the speaker. A time of silence then is but a slight departure from the typical setting in that only one more member than usual is silent. When silence is accepted as natural and productive, it becomes a means of growth and not a frustrating villain to be avoided.

That communication exists in silence is often evident in group sessions. At the start of a group session members commonly visit with each other; then, as if by some signal, members become quiet as they shift gears and start up again within the context of the purpose of the group. This kind of silence reflects group communication of the need to change behaviors. The unspoken message is, "We're ready to move to a deeper, more personal level." By their silence the group indicates a readiness to work and grants permission for any member to begin.

Silence probably occurs most frequently in initial group counseling sessions and often conveys feelings of awkwardness and apprehension. Silence at this stage can serve many purposes. It could be due to the anxiety that members experience by being in a new situation, or it could be a generator of anxiety and thus motivates members to break the silence and attempt to make contact with others in the group. Nevertheless, silence does often happen in beginning stages of the group process and usually conveys a variety of feelings. After an initial group counseling session, one group member wrote in her group log,

> Silence . . . on and on and on. I scratched, swung my leg, doodled, and fervently wished that someone would say something, anything, so that I could look up and see the group instead of sneaking furtive glances at them from under down cast eyes. I searched vainly for a question to ask without appearing foolish. No question! What to do?—sneeze, cough loudly, fall out of the chair in a dead faint? Certainly not! Maybe if I smile crookedly everyone will think that I have all the answers and wish they had them too. No one said anything. There are lots of things I could say, but I'm not about to say anything. NOT A THING! Why don't I ask what I want to know? Can I trust this group? Well, test the water before you plunge headlong into a stump filled lake.

Working Silence

How long a period of silence in the group seems to last, not in actual passing of time but rather how long it feels, is often an indication of the amount of work going on in the group. The point here is not one of what is productive for in terms of the developing group process, a long and frustrating group silence can be productive. However, a working silence is usually experienced as being of short duration. Time seems to be condensed and the silence is hardly noticed as members share through their own thoughts and feelings in the experience of the group. Indeed, the silence is not even experienced as silence. Often, silent periods become more acceptable and comfortable as members experience a growing sense of adequacy. A nonworking silence is felt, is noticed, does drag on, and seems to say, "We are being silent." Such a silence is characterized by darting glances around the group, shifting postures, busy hands or feet, nervous grins, avoidance of eye contact, and a feeling that everyone is waiting for someone to do something. This is especially true when the group is thinking that the other members in the group are "troubled" or "sick" and each member works doubly hard at reflecting and probing in order to keep the focus on any other member who happens to say something, whether personal or not. As if by some invisible signal, the members of the group will lapse into a period of silence in which each member seems determined not to be the one to break the silence. The sensitive group facilitator can almost feel the resistance, the pulling back, the holding in that says, "I'm not about to say anything and get put on the spot." At such a time, the group silence certainly communicates.

Silence in a group does not mean "nothing is going on." Quite the contrary, silence by the group may convey support for a member who is having difficulty expressing feelings or ideas. Such a silence is permeated with encouragement which the member seems to feel as much as sense. Support is also evident in the silence of togetherness which follows the sharing of hurt or sadness when the group seems to know words would be inappropriate. Silence can be a time of experiencing deeply one's self when facilitated by an awareness of the support and acceptance of others. Following a 15-minute silence in a group, a member remarked, "This has just been the most profound period of deep introspection I have ever experienced. I was able to look closely at some parts of my life I've avoided for 10 years." Silence in a group can be a warm blanket.

The silence that occurs in a group after an outburst of anger is certainly not silent. The atmosphere in the group is "charged" and "crackles" with the electrical impulses of emotion. This kind of silence is felt as members experience the weight of the silence. The silence may be alive with the hundreds of unspoken words generated inside each member as they try to understand the reason for the angry outburst. Or the group silence may be reflecting stunned awkwardness which says, "Now what do we do? How do we get going again?"

Silence may be used for thoughtful resolution of conflict, gaining insights, and recognizing ideational relationships. In other situations it expresses hostility, confusion, discouragement, or withdrawal. Many authors have suggested that some silences communicate togetherness and cooperation, while at times the group may seek relaxation and relief in silence following the exploration of deep feelings and the ventilation of emotions, or could follow an especially meaningful "peak" experience where members seem to know something meaningful has happened and will sit for long periods of silence feeling quite comfortable and "alive" (Carroll & Wiggins, 1990; Donigian & Molnati, 1997; Jacobs, Harvill, & Masson, 1994; Kottler, 1994).

Responding to Silence

Just as no single kind of silence exists, no single way for the counselor to respond to silence is apparent. However, the group facilitator may find help by keeping in mind questions suggested by Luchins (1964). Why is the counselor disturbed by the silence? Is the group bothered by the silence? Are the members really not participating because they are silent? What does silence mean to the group? Are nonverbal activities taking place that may be responded to?

Silence can provide the stepping stone to further interaction in the group and yet, the silence often is interaction. How the counselor responds can determine whether or not group silence is facilitative to the group process or individual introspection. Probably the most helpful thing the counselor can do is to examine his or her own feelings about group silence and try to resolve any anxieties that would interfere with sensitivity to the meaning of group silence. The counselor then can be more facilitative by responding to the meaning rather than to the silence.

Silence which conveys acceptance and support, and seems to be encouraging to members working through their own thoughts and feelings is constructive and generally needs no response by the counselor. However, the counselor must be sensitive to those times when silence indicates a nonworking relationship, is not constructive, or has meaning that should be verbalized. At such times, the counselor can be facilitative by sharing with the group personal perceptions of the meaning of the silence or personal feelings or reactions to the silence. The counselor also could facilitate members sharing with a response such as, "It could be helpful to the group if some of you would share what you have been feeling or thinking during this silence," or asking, "Susan, could you share with us what you think has been going on in the silence or what it means?" Some counselors might prefer to develop the meaning of the silence through a structured activity. The important thing is that group silence does have meaning and needs to be recognized.

QUESTIONS AND ANSWERS ABOUT COMMON GROUP ISSUES

The following edited protocol involves two of the authors sharing their personal, clinical insights into a number of group issues with a group of graduate students in group counseling.

Question: *Dr. Landreth, what differences do you see between the role of the counselor in a group setting and a counselor in an individual setting?*

Landreth: That's a good question to start with. It is basic to what we do in group counseling and one that I have pondered for myself. First, let me focus on myself. I see myself being different in a group. I am not sure just why I am. Some of the same basic skills are necessary in both settings, but I feel more personally free in the group, free to express myself, free to risk in some areas that I would never risk in or have not in individual counseling. Take touching, for instance. I cannot recall having touched a client in the middle of an individual counseling session. Although I have felt an inclination to do that, I'm not sure just why I haven't. But in group counseling I do feel more comfortable in getting up and going across the circle and hugging a group member and have done that. Not that I do that in every session, but I have done that in some.

Berg: In addition to the personal freedom that Garry is talking about, the group leader needs to be aware of several more dimensions than are required of an individual counselor. The group leader takes some responsibility for the entire group as well as the individual of focus. That requires a special kind of attending and a certain knowledge about groups of people and how they respond to one another. The leader should be aware of the impact of an individual's disclosure on other members of the group and how they might respond. The group leader can't be completely responsible for all of those things, but being aware of them is important. In a group, there's always a lot going on at any specific time.

Landreth: One of the things I have noticed that's different about me in group counseling is that in individual counseling I'm very conscious of the member's feelings right off and have a tendency to respond most to these feelings, whereas in the first session of group counseling, my tendency is to react more to the interactions that are occurring, helping members to get in, and linking members together. So as a result of that, I'm sure I spend less of my time in the first session focusing on individual feelings, although I have a natural inclination to do that. I have noticed as we have worked together, Bob, you spend more time initially focusing on the individual, and I spend more time helping the members to engage in the interaction process.

Berg: That may not be a function of individual style as much as it may be you and I working together. I think that over the 20 some years that you and I have been leading groups together we have come to know each other, what to expect from each other, and the result is a natural balance.

Question: *Why do so many successful, well-trained individual counselors find it difficult to make the transition to group work?*

Berg: My speculation is that many good individual therapists do not always feel comfortable in a group setting and one of the reasons for that may be that they haven't had enough experience in a group. Group settings are more difficult to control than individual settings and whether we like it or not, therapists like to be in control. Also, therapists who choose to do group work tend to be slightly more expressive, risk-taking personalities.

Landreth: Some counselors are just not comfortable in a group setting. That's also true of members. Not everyone should be in group. Some people work better as a client in individual counseling. The same holds true for counselors. Some counselors work better with individuals than with groups. I think one possible reason for this has to do with the dimension of risk. If the counselor has very little need for control, that person is probably more tolerant of ambiguity and will have less need to know exactly where the group is going and how the experience is going to end. That kind of person will probably be more comfortable in the group.

Question: *What do I do if there is a long silence in the group and I'm the group leader?*

Landreth: That experience probably plagues the beginning group leader more than anything else that can happen in a group because most group leaders want something to be happening. The tendency is to assume that not much is going on if there is no verbal communication. If there is anything I have learned from working in groups, it's to be comfortable with silence. Just because there are no words being used doesn't mean there's no work. I think one of the things a skilled group counselor needs to do is to be able to distinguish between the working silence and a silence that is not really productive. I don't know how to describe that. When I sense or feel a silence is being productive, I am just comfortable with it. Then there are other silences where I feel not much is going on, and I feel comfortable to break that silence. I think one of the worst things that can happen to beginning group counselors is to get caught in the game of "Who's going to break the silence first?" That can be deadly because the group leader is sitting there determined not to break the silence and there is a point where the group will not break the silence either and the leader may need to intervene. So the group leader needs to be sensitive to the group, sensitive to whether there is work going on, and then to be patient with silences that do occur.

Berg: There are different kinds of silences. One might be a resistant silence. If in the life of the group the group leader senses, and I use that word "sense" because we do so much of that, if the leader senses a resistance in a silence, I think the best thing the leader can do is to go back to the group as a whole and ask them to examine the silence, to take a look at themselves and their own behavior and what might be underlying the resistance.

Landreth: Also, I think there is a tendency on the part of group leaders to think "Whatever happens here is up to me," and so if there is a silence it is up to the leader to do something. I feel comfortable in letting the group decide what to do with the silence. It's not always up to me. They can decide what to do next and maybe learn something in the process about their responsibility in this group.

Question: *How structured or active do you think the group counselor should be in the group?*

Berg: In a group with relatively little experience, I find myself busier, more active verbally, more structured in the initial phases. My involvement tends to decrease as time goes by and members assume more responsibility for themselves and the direction of the group. I don't favor a lot of prepackaged structure, other than ice-breakers at the beginning when people are anxious. Typically I don't use a lot of structured activities in the group. My reason is that there is always something going on in the group. An important thing I have learned about myself is to trust my ability to read or sense what is going on in the group at any given time. A good permission giver for that trust is to forgive myself when I'm wrong. I don't mind making mistakes nearly as much as I might have at one time. If I can risk being wrong, it is a process that the group members can relate to. So I'm busier in the initial stages, modeling, and demonstrating to group members the types of responses I think are constructive and helpful. As I hear those words coming back to me from the group, I feel much more comfortable in sitting back and letting the group members help each other. Part of the learning, part of the group process is for the members to learn not only to help themselves, but also to help others.

Landreth: Bob, one of the reasons we work so well together is that you focus on the modeling and helping members learn how to make helpful responses, while my initial tendency is to help the member get into the group and interact, thus to shift the responsibility to the group. In this process, members are really getting both sides, both ends of the continuum.

Question: *What do you feel is the optimal number of members per group?*

Berg: Primarily, the groups I have in mind are process-oriented groups, and such groups function on the basis of several assumptions. One assumption is that the members are able to function in their lives and roles relatively well. They may run the range of normal to neurotic personality difficulties. Individuals who have personality problems or relationship difficulties serious enough to keep them from profiting from the group should be excluded. When group members are functioning interpersonally, at least minimally, the group leader can rely on group members helping each other, getting involved in the group process itself, learning from the process and being a part of it. Interpersonal process groups tend to function best with seven to nine people in a group. If the group is much larger than that, people are not going to have the opportunity to get verbally involved in the process. If the group is smaller than that, there can be great pressure on people to contribute verbally. I don't like that.

Landreth: Groups for children in primary grades should have four or five members. For grades 4, 5, and 6 probably about six members would be optimum for that age group.

Question: *How do you get a cohesive group?*

Landreth: My first reaction is that I don't know how to "get" a group to be cohesive. There are some things that I can do to contribute to a group becoming cohesive, but whether or not the group becomes cohesive is up to the group. A group leader may work as hard as he or she can and the group may never become cohesive even though the leader is doing the same sort of things that he or she did in a group that became cohesive. I think the way I present myself initially contributes to the cohesiveness of a group. One of the things I have found about myself is that I can help people to feel safe with me or comfortable with me. I think that's because I feel comfortable with myself in that setting. Then feeling safe and comfortable, they feel safe enough to risk saying something to me or other members or to reveal some part of their inner person. That's the beginning stage of moving toward cohesiveness. The crucial element, in addition to the sharing of self, is that there must be interaction among the members. In groups where there is a focus on individual counseling in the group setting, it is almost impossible to develop cohesiveness because there is not interaction among group members. Members feel good about being there, but they don't have any sharing or interaction among themselves to make them a part of another persons' life. I think interaction and sharing are crucial to the development of cohesion. When there is a feeling that I have been able to contribute in some way to your life, and you also have been able to contribute to my life, then a feeling of closeness develops and that is cohesion.

Berg: Cohesiveness is also related to the chemistry or makeup of the group. Some groups may never achieve true cohesiveness. Verbal participation is very important to the development of cohesion. There are some indicators that a group is becoming cohesive. Cohesiveness is a togetherness, a glue that keeps the group together. A cohesive group is one in which members assign priority to the life of the group itself. Attendance can indicate the level of cohesiveness of a group. In a cohesive group, people will attend and miss other things to get there and be on time. Verbal interaction also tells you something about cohesiveness. How people begin to link themselves to other member's statements will tell you about cohesiveness. In a cohesive group, members tend to call each other and provide a support system during the week and will check on each other at the beginning of group session to see how things went during the week in relation to some person's problem. Also, some groups can become too cohesive, therefore, cohesiveness is not something you strive for and maintain at all costs. If a group becomes too cohesive the members may begin to protect and rescue each other. This is something the group leader must be sensitive to and guard against.

Question: *What factors would you want to consider as a group leader when screening potential group members?*

Berg: One of my primary screening criteria is that a person have some other satisfactory interpersonal relationship outside and exclusive of the group. That can be any kind of relationship—spousal, romantic, friendship, or family, but the kind that is chosen and satisfactory to both people. I check that out rather carefully. Groups are so interpersonal that if a member doesn't have a historical base of minimal social skills, this has to be achieved in some way in the group. That can get pretty neurotic and not very helpful for other group members. I prefer heterogeneous groups. I have never preferred groups focused around a single problem. I enjoy personality differences and diversity. I like to have some assertive members and some members who are more passive. There's much that can be learned from differences in people. An exception would be if there is a person whose problem area is so profound at any given point that he or she would demand or need a large amount of group time, I would probably suggest that person get individual or concurrent counseling rather than relying totally on the group.

Landreth: Typically, more attention is focused on screening group members as we go up the age scale. Perhaps that is because children have fewer problems interacting than adults. I know they experience their world just as intensely as we do. Or it could be that they are more resilient and more adjustable and capable in interacting with their peers despite their problems. Another possibility is that they are more accepting of the differences that occur in people. I also prefer a heterogeneous group. I like the challenge of "Now that we are together, what can we create?" For that reason, I'm not as cautious about putting a certain type of group together. I think we should screen because there are certain members who don't work out well in a group. I prefer not to work in a group focused on one particular problem. However, one of the most exciting groups I've led was a group of teenage chronic traffic violators. Other than that initial similarity, though, they were a very diverse group, and we seldom focused on their driving habits.

Question: *What type of training do you think is necessary to become a group counselor?*

Landreth: There are two experiences that are absolutely essential. One is that the group counselor be well read in the area of group counseling and have some formal training. However, the typical group counseling course is not enough. It is essential that the group facilitator learn as much as can possibly be learned about himself or herself. In training, the group leader can learn skills to apply and certain things to do in specific situations, but when there is a real crisis in the group, the ultimate tool the group leader has is his or her personality at that moment and the accompanying creativity and courage. How well these dimensions are utilized will depend on the group leader's acceptance of self. Therefore, I would recommend some personal group counseling. Perhaps from 10 to 15 group sessions that provide the potential group leader an opportunity to find out not only what it's like to be a member, but how other people react to him or her. If the group leader is not aware of how other people react to him or her, the leader will not be sensitive to how the group members see him or her. Most of all, the group leader must be open to learning about self from the group he or she leads. That does not mean I go into the group to work on my issues or focus on myself a lot, but secondarily in the learning experience to be open to learning about myself. Out of that comes a general presentation of self that others find helpful. One of the things that has been most helpful for me is to turn loose of the need to be helpful to everyone. There are some people who react to Bob in a positive way but would not react to me in that way.

Berg: Theory, techniques, and all the cognitive information we carry around is less important than who we are as persons. We need to understand human development, and we need to understand groups and how they work. We need to understand how people relate to each other, but the main thing we have going for us is how we utilize ourselves. So, in addition to experiencing group therapy, self-inspection must become an attitude, a way of life. I'm constantly amazed and sometimes scared about what I continue to learn about myself, as far as how I relate to other people, how I see myself. The more I do that, the more I keep in touch with myself, and the more doors open for me. The payoff is that it's easier to be empathetic with others. To be more responsible for my own behavior helps me get outside of myself and be fully present with the group or with another person, wherever I am. This is not being self-obsessed. It's possible to be introspective without being self-obsessed.

Landreth: That process of introspection is one of happenings and learnings that aren't being looked for. It's like a discovery in the process of interacting in the group: "Look at that. Why am I feeling this? I wasn't aware of this in me" and then some self-awareness coming on the spot, maybe in the group.

Question: *At what particular point would you terminate a participant in a group if the personality conflict gets to be really strong?*

Landreth: There are basic guidelines. The individual is important. I will be sensitive to the individual. I do care about this person. I care about the individual more perhaps than the total group in terms of personal feeling. The individual is important but not more important than the group and the group, is important but not more than the individual. So it depends on whether the group is able to react in an appropriate way to that individual. If it seemed to me that the group, in terms of their reactions, was not handling a member very well, I would feel very comfortable in removing a member. I would do it very gently and not abruptly in the middle of the session, but would talk with a member after the session about individual counseling, not continuing with the group at this time, or perhaps individual counseling now and joining another group at some point. I would never allow one member, I know that sounds like I'm in control and it's not all up to me, but I would not want to allow a member to destroy the group because I believe that the group is important too.

Berg: The bottom line is a clinical judgment. There are a few things that pop into my mind. One is when a person is so needy that he or she needs to dominate group time or just can't connect with other members of the group because everything in the group seems to be a reminder of his or her own problem. At that point we need to ask the question "Is the group the best intervention system available for this particular person?" I don't have any qualms about saying to a person "We may have made a mistake with regards to placement. Let's look at some alternatives." If someone is very angry, or not he or she is aware of it, and that keeps popping out in the group, the group may not be the best place for that person. Oftentimes it can be helpful to a group to learn to deal with conflict. But, if it's a pervasive kind of thing and it goes on and on, that can become a problem. One of the problems with people who are very different, by that I mean personality-wise quite different from the group norm, is that they can set themselves up as the scapegoat in the group. It's not helpful for the group members to find someone they can pick on and dump hostilities on. What typically happens is that it forces that person into a defensive posture that just perpetuates the problem. I don't view group as a panacea for the world's ills. In fact, in terms of intervention systems, I view groups as an adjunct, something people can profit from after they have done phase one individual work where they have taken care of their own intrapersonal dynamics. My preference would be that members of an adult group have had some individual counseling where they have looked at their primary relationships, examined their roots, looked at their history, and have a reasonably good handle on where they come from and why they behave in certain ways and are wanting to test out new ways of behaving in a social context.

Landreth: That's where Bob and I differ. I'm less restrictive about who can join a group. In high school, junior high, and elementary school, where there may not be an opportunity for individual counseling, I would go ahead and put a group of children together without any concern about individual counseling unless there was a major emotional problem. Most children in public schools aren't going to be functioning very well in that setting if there is a major emotional problem. They will have already been removed and placed in a private school or diagnostic setting. Also, with adults, I feel free to take a group of people without delving too much into their background, other than some initial screening. If they have an eagerness to be in the group and to have that experience, I'll see how that works out and they can see how the group works out. As to the question about removing someone from the group, sometimes it is helpful to just call the person aside and discuss with them their own perception of how they are doing in the group or how the group is reacting to them. This may give them a chance to reveal their own apprehension about the group. They may reveal, without you even bringing it up, some other experience or a desire to not continue in the group. Or, if you're working with a long-term group you may have the opportunity for a member to exit the group for three to four sessions, get some individual work, and be ready to come back into the group. I experienced that with a group of fifth grade students. One little boy in the group, Erik, was the "general" of the school. He would strong arm kids in the bathroom to get their lunch money. In the group, he was a physically active youngster; so much so that there were times when I had to physically restrain him. He was just so physically aggressive that the group members kept a physical distance. There just wasn't much cohesiveness evolving because he kept people separated. After five sessions he was removed from the group and placed in individual counseling. His removal came as a result of his own decision. The group had established a rule that in the group members had to sit in the circle if they wanted to stay in the group. Failure to do so meant the member could not stay in the group and would have to go back to the classroom. Erik chose not to sit in the circle; so he chose to go back to his classroom. When I left to escort him to the classroom, the group came together physically just like a group of quail huddling up. It was a dramatic portrayal of how they felt separated because of him. Three weeks later, after individual counseling twice a week, he was able to come back into the group and function.

Question: *If the group was involuntary, what would you do to minimize this impact on the group? I work with juvenile delinquents and there are four to five strong-armers in the group. How do you minimize these four to five for the remaining members?*

Landreth: My inclination is to go the other way, to help the group members react rather than my reacting to the disruptive member. I want to help the group members to become strong enough, perhaps with my support, and I think that would be a very indirect form of support, for them to discover that they could cope with that person. I think there is always the potential that they can be just as strong as that person is in reacting to him or her. They can really discover that they don't have to give in.

Berg: I would agree. Part of the frustration in dealing with involuntary issues is that it will slow down the process. Working with juvenile delinquents can be very taxing. Part of the problem in working with groups that are involuntary, such as groups of offenders, is that they have similar skills available to them. That's typically what's gotten them into trouble in the first place. They don't perceive a lot of options, in terms of behavior. In a group like that, you would have to be patient and do more teaching, modeling, pointing out, and confronting of behaviors that have not worked in the past. If such behaviors had worked, these members wouldn't be where they are now. Even in involuntary groups, the leader has the right to exit a person if that person is being totally disruptive in the group. Again, that's a decision the leader has to make about the welfare of this person, the welfare of the group, and the welfare of the entire system. Even in a prison setting, the leader can exit a person.

Landreth: One thing that bothers me about the question is the indication that there is nothing that can be done, that the individuals must be in the group. My preference would be that there is some opportunity for the member to not be present if the member chooses by his or her behavior not to be here. The other individuals in the group are important also as is the person causing so much trouble. Sometimes there is a decision that needs to be made for the welfare of the group. Do we allow this one member to destroy the whole group week after week? I would like some opportunity to have the member sit out for one or more sessions, if possible.

Question: *What would you consider a nonproductive session?*

Berg: I could say there's no such thing. However, I have been bored in sessions. I have left groups feeling like I did not do as well as I would have liked to. I've left groups thinking that the group members did not do what I had hoped for them to do. My first answer is probably best. The second two probably have to do with my own need to be productive, my need to get somewhere. The more I can convince myself that individuals in groups will do what they need to do, the more I can let the river flow and certainly not try to push the river, then the more at peace and off the hook I'll feel. There is a theory in groups that if very little is going on, let the members sit that way until they get bored enough to go to work. I don't have a lot of that in me, though. At the same time, I do think the leader can take too much responsibility, and I believe that's a mistake. If a group decides to work—a group will come in one week and just work, work, work, and the leader will think "That's terrific!" If they work like that every week, we're really going to get someplace. The next week, the group members go on vacation and the leader may wonder if it's the same group? Those kinds of groups are O.K. with me.

Landreth: I have mixed reactions to that question, because I have had some experiences where I went away from a session feeling, "This was a real bummer. Nothing happened," only to come back the next week and someone comes in, sits down, and says, "Last week was the most terrific session we've had. I learned so much about myself." I've had that happen many times, and I have concluded, for myself, that I can't evaluate whether it was a productive session for anyone else. Maybe it wasn't productive for me, but perhaps it was for someone else in the group. The reason I have mixed reactions is that there are typically some things that indicate the group is being productive. If there is sharing within the group, at a feeling level, and if individuals talk about themselves as opposed to activities, that does seem to be more productive. If the experience is one in which members personally react to each other and give each other feedback, we know that can be productive. We also know there are other experiences that perhaps we are not wise enough to discern that can be productive—as in a silence. There is a lot of work that can go on within a silence, and people can experience that as being a very productive time. I may sit there and not learn anything about myself during the silence and thus evaluate it as not very productive, but for someone else it may be a very productive time. My inclination is to try not to evaluate what is going on. And yet there is still a part of me that sometimes comes away from a group session saying "This was a better session" or "This was a session that seemed to be productive" or "This was a session where we were struggling and I don't think very much happened here." So I still find myself making those kinds of evaluations in spite of the fact that I have learned otherwise.

Question: *What special suggestions do you have for persons leading a group of people from multiracial backgrounds?*

Berg: That is one thing I caution against for an inexperienced leader. Diversity groups can have tremendous potential benefit, but it is not something recommended for a relatively inexperienced group leader. The group leader must first have general group counseling experience and a good acquaintance with the culture from which the members come. Cultural and ethnic differences make an enormous difference interpersonally.

Landreth: One of the reasons for this caution is that such a group can be so volatile emotionally because of the members' lack of understanding of each other's cultural background. The members' own experiences may trigger some emotional reaction and it's because of that potential volatile expression that the leader must be experienced.

Question: *You briefly talked about resistance. Can you talk a little more about it. What you do, how you recognize it?*

Berg: Silence is one of the primary and direct ways a group will exhibit resistance. Other ways are to ignore the deeper level of transactions and stay on surface topics, not deal directly with each other, and a reluctance to disclose oneself. I have a feeling, when I'm seeing those behaviors, that there is something wrong with the way in which we have dealt with the issues of purpose, commitment, and boundaries in the initial stages of the group. There are different ways to commit oneself to a group, but unless those issues are dealt with pretty specifically in the initial stages, at some time the group is going to hit bumps in the road. When the leader senses resistance, one of the best interventions is that the leader share his or her feeling and/or reaction with the group. The leader could say, "Look, we don't seem to be doing what we agreed on initially. Let's look at why we're here, what it is we want to accomplish, and why it seems so hard for us as a group to trust one another." This will open up those issues for reexamination. I have found that the most resistances are related to safety and trust concerns at some level—either vague or specific. This is always a topic for examination.

Landreth: Resistance is not necessarily a negative thing. It may mean that the group is experiencing and exhibiting resistance because the members are aware that they are about to move into a deeper emotional period in the group. There may be some "getting ready" time that is necessary and that time can be short lived or long lived, depending on the group or how the leader reacts. So we don't always view resistance as something negative. There are times when I have experienced a group doing, what I call, working at not working, which is resistance. It appears on the surface that things are going great in the group. There may be a lot of interaction, a lot of talk, a lot of sharing. But the interaction is talk about why the group is not doing what they would like to do, why they aren't working and what they need to do. Members go on and on and on about what the group needs to do and everyone has a clear idea about what the group needs to do, but they continue to talk about what the group needs to do and why the group isn't doing it. Sometimes it helps for the leader to identify that. Perhaps the leader could say, "As I listen, it seems to me that, as a group, we are working real hard at not working." Just mentioning that may be enough for the members to shift. I think sometimes groups get caught up in the process of analyzing the group's behavior or they get caught up in the topic of the moment and even though it's not what they really want to do, it's as if they are going downhill, and they don't know how to stop or aren't aware they're going downhill, and someone needs to say, "Hold it. Are you aware of what's happening?" As Bob said, "Is this what you want to discuss or spend your time doing at the moment?" You have to be ready for an answer either way. If the leader opens that up and the group says "Yes," then what does the leader do? That may be a real test of the leader's acceptance. The leader must allow the group to set its own direction and to struggle with the process of accomplishing its goals.

SUMMARY

Some of the significant issues in group counseling have been dealt with in this chapter. A strong recommendation has been presented for the scheduling of some group counseling sessions more frequently than once a week. The issue of structuring has been discussed as a potential means for contributing to the development of interaction in groups. In all groups some degree of structuring is present. Silences in group counseling are especially perplexing to inexperienced group facilitators who often feel that something observable must be going on in the group at all times. We have presented silence as a natural and dynamic part of the interactional process in groups. Contracting for behavioral change has been presented as a possible procedure for enhancing group activity, productivity, and cohesiveness.

An edited protocol discussed some frequently asked questions concerning group process and possible problem areas. Specific answers focused on possible solutions and areas for consideration for the developing group counselor.

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CHAPTER 8

MAINTAINING A GROUP: PROCESS AND DEVELOPMENT

> *Security is a feeling that there is a larger and more enduring life surrounding, appreciating, upholding the individual, and guaranteeing that his efforts and sacrifice will not be in vain.*
>
> Charles H. Cooley, *Social Progress*, 1908

After the group leader has attended to the details involved in getting a group started, attention can be turned to providing constructive leadership for the group. Our position is that no single leadership style automatically insures successful group outcomes. In fact, Morganett (1990) pointed out that researchers generally cannot agree on the key attributes of an effective leader. Leaders approach the group with many different personality types and theoretical orientations. Seemingly the leader's ability to integrate his or her leadership skills into a consistent personal style provides the most benefit for the group and its members.

Following an investigation of the relationship between leader styles and success of the group, Corey, Corey, Callanan, and Russell (1992) reported that leaders of the most successful groups engaged in greater degrees of appropriate personal self-disclosure, expressions of self-confidence, demonstrated warmth toward others, and were enthusiastic and self-assured. In an analysis of the effects of leaders on encounter group members, Lieberman, Yalom, and Miles (1973) found that the leader's style, rather than theoretical rationale, was the major contributing cause of casualties in the group. They identified the most ineffective leaders as aggressive, authoritarian, too frequently confrontive, impatient with members' progress, and pushing for immediate self-disclosure, emotional expression, and attitude change. These leaders also were high on self-disclosure and demonstrated little respect for members in that they frequently interrupted and challenged group members.

The relationship of leader effectiveness to self-actualization, relationship skills, and experience is well established. While the "perfect leader" probably doesn't exist, what constitutes effective leadership behavior continues to be researched and defined. We do know that a leader should have a reasonably rich experiential background with a solid exposure to the social sciences. A concrete understanding of human development and an appreciation for the prevailing culture and various value systems will allow the leader to identify with group members' problems and situations. Finally, the leader needs a keen sense of the dynamics and power of the group and group interactions.

The leader needs to be in a continuing process of personal actualization and integration that is behaviorally demonstrated through calm self-confidence and acceptance. The leader must be able to communicate to group members high levels of acceptance, empathy, and warmth, and take calculated risks in disclosing self behaviorally and vertically through interpersonal immediacy.

EXPLORING GROUP COHESION

Even the most skilled group leaders will encounter problems in group process. Many problems in group development can be anticipated and frequently prevented through careful member selection procedures. In an intake interview, potential group members who present highly deviant behavior patterns that might block the healthy development of the group can be deselected. While heterogeneous balance frequently will compensate for member pathologies, leaders should consider selecting out potential group members who might be maliciously manipulative, very silent and withdrawn, verbally monopolistic, insensitive or extremely alienated, or aggressive.

Additionally, we have found that insisting on potential group members being engaged in at least one mutually satisfying, healthy, and reciprocal interpersonal relationship outside of and exclusive of the group is a functional necessity. If this is not the case, the person would do better in individual counseling until such time as a constructive relationship is established with the counselor.

We are especially concerned that the group experience be a rewarding and successful first venture for the counselor who is not actively involved in group work. Therefore, we encourage beginning group leaders to select, for their first group experience, members who are most likely to ensure a successful group experience.

The interpersonal bonding or attraction that takes place in a healthy group is one of the few process variables that has been extensively researched. Despite past research, cohesiveness remains a vague and complicated group factor to operationalize, and studies that have attempted to clarify the dynamic have met with little or conflicting success (Braaten, 1990; Budman, Soldz, Demby, Feldstein, Springer, & Davis, 1989; Littlepage, Cowart, & Kerr, 1989). In 1989, Mudrack advised the group community to bury the term "cohesiveness" and work on the forces that make up cohesion. Despite the confusion, cohesiveness as a sense of "weness" continues to be a group function that is directly related to positive outcomes in the literature.

Whereas too high a level of cohesiveness or "togetherness" can sometimes lead to low levels of group production, research indicates that members of cohesive groups are:

1. more productive,
2. more resistant to negative external influences,
3. more open to influence by other group members,
4. able to experience more security,
5. more able to express negative feelings and follow group norms,
6. more willing to attempt to influence others, and
7. able to continue memberships in group longer.

If a high level of interpersonal freedom is a desired atmosphere in the group, seemingly the group leader should give the development of cohesiveness, rapport, and trust a high priority, particularly in the initial stages of group development. Group leader facilitated conditions of personal involvement in the group, a focus upon the expression of feelings, a safe and secure atmosphere in the group, and interaction among members appear to be the process variables that lead to solidarity and interpersonal trust.

Although we feel that no such thing as a totally unconditional relationship exists, group leaders are well advised to establish a free and permission-giving climate in the early phases of the group. The resultant core of cohesiveness serves as a building block or base of trust that allows increasing behavioral conditionality in later group stages when the primary focus moves from the establishment of an initial feeling of comfort to a more problem-solving orientation.

STAGES OF GROUP DEVELOPMENT

Developmental phases within a group are rarely autonomous and free-standing but tend to overlap with boundaries that frequently are fuzzy. Most writers in the field of group counseling and group psychotherapy have identified stages of group development, but they tend to grow from observation and clinical experience, rather than hard data. Because of the number of variables involved and the difficulty in controlling the variations, the number of systematic research studies involving group development is small.

What evidence we do have seems to suggest that groups develop in a cyclical fashion, that is, issues are reexamined in the group but at progressively deeper levels of perspective. Yalom (1995) provided a good overview of prevailing clinical descriptions of group sequences and yet because individual group members have an enormous impact on group development, the portrayal of developmental sequences in any group is highly theoretical. General developmental stages can be thought of as major themes complicated by the unpredictability of interpersonal interaction.

While bearing in mind the circular nature of group development, we generally see groups sequence through two major stages that encompass several minor phases. Also important to remember is that not all members will be at the same stage at the same time, and because each phase represents mastery over individual and group developmental tasks, some members, and some groups, will never progress through the entire sequence.

In general, however, healthy and cohesive groups tend to follow a similar developmental scheme to the one presented here.

Precommitment Stage

1. Initial Testing of Group Limits. In the beginning stages of a new group, members can be expected to experience a certain amount of expectational anxiety. While some group anxiety can be helpful because it can lead to productivity, high degrees of unspecified anxiety can lead to productivity, high degrees of unspecified anxiety can be counterproductive to the group. The more "group naive" the new members are, the more likely that anxiety will be present because of a general uncertainty of direction and purpose. At deeper levels, group members may be questioning their own ability to handle intensified interpersonal relationships. Initially, most group members will experience some degree of unspecified anxiety that usually relates to an uncertainty about the present and future.

Behaviorally, members will tend to fall back upon learned social behaviors that have worked well for them in the world in general. They will tend to activate their own prejudices, stereotypes, categorizations, and statuses in an attempt to bring some kind of cognitive order to the group. Some members will become very verbally active and others will be silent and withdrawn. This period of becoming acquainted is characterized by covert testing of the leader, other members, and the group in general.

Confusion, uncertainty, and ambiguity may typify the group in the beginning as members attempt to adjust to a new and strange situation. Irrelevant topics and issues and avoidance of sustained work can be characteristic of the group as members become accustomed to being together.

The major issues in this initial stage involve the resolution of purpose and boundaries.

2. Tentative Self-Disclosure and Exploration. In this second phase, members become increasingly sensitive to the power in the group for potential acceptance or rejection, members want to be known and accepted for the person they are but are faced with the prospect of having to risk sharing some part of themselves (usually a feeling, unexpected personal data, or a reaction to a member) in order to ascertain the level of acceptance. Therefore, self-disclosures at this stage are rather tentative and exploratory in nature. In ambiguous situations, members will seek self-definition and personal status within the group. Leadership struggles are common at this stage as members explore power alliances and attempt to control and influence group direction. Personal attitudes and values, after an initial suspension, begin to emerge and crystallize. While the verbal rate may be high, with some members attempting to keep interaction going smoothly and continuously, the content remains relatively superficial and issue-oriented.

A general tendency is present to protect the leader and other group members from criticism and attack coupled with a generalized anxiety related to the prospect of increased intimacy with others. Miniaffiliations tend to occur here in an attempt to form mutual support subgroups. At this point real differences in interpersonal styles become apparent, particularly with those members who are assertive and independent as opposed to those who project an image of dependency and passivity. Members' typical interpersonal styles will surface in accordance with the ambiguity of the situation and will become a valuable source of information for the leader. Feelings, behaviors, and styles that members have learned in other relationships and families of origin are often the modes used in relating to the group.

Also at this point group members adopt roles that tend to set up a series of expectations by other group members. The chronic rescuer, resident comedian, hostile attacker, to name but a few, have an opportunity to display their behavioral preferences to the group. These roles and labels can be comfortable initially because they give the group definition and expectations while at later stages they obviously can hinder individual growth if group members covertly "force" a member to remain in the formerly defined role.

Through the primary self-disclosures and behavioral expressions associated with this developmental stage, members begin to learn more about each other, the leader, and themselves and using data available make some initial commitment to a personal level of involvement in the group.

Commitment Stage

3. Depth Self-Exploration and Understanding. As the group progresses through its life, a subtle but discernible movement takes place away from the initial concerns involving purpose and power to an increasing involvement with issues of interpersonal affiliation and intimacy. The issue of closeness will be, in some measure, a major focus for the remainder of the group life.

During this phase, the pattern becomes clear that the group has resolved issues of rules and procedures and is beginning to develop its own unique style. Standards and norms that are unique to the group and may not conform to those outside of the group may become apparent. An insider/outsider feeling may develop and expressions and behaviors that reinforce "we-ness" are more prevalent.

More focus is on "here and now" transactions in the group and on concerns unique to the group with an increasing disregard for those outside of the group. Even low-status members of the group will be included in intimate exchanges so as to at least preserve the illusion of cohesiveness and solidarity.

Problems of power become more up-front and readable and are dealt with in a more constructive, conscious, and immediate manner. The leader typically becomes more confrontive of behavior and serves as the person with a high reality orientation. Informal leaders within the group begin to reemerge without threat to the group.

Group members themselves begin to "check out" or test their perceptions and assumptions about self and others. A higher rate exists of interpersonal risk taking and depth of self-exploration and disclosure not present earlier. Interactions between members become more intensive and feeling dominated.

Finally, at this stage, group members begin to demonstrate more helping skills as they become involved with each other as well as themselves.

4. Commitment to Change and Growth. At this level is an unspoken but more apparent commitment to mutual help and support. The atmosphere of the group takes on a more relaxed and informal tone. Evidence appears of a good deal more interpersonal acceptance and egalitarianism while at the same time a tougher, more demanding orientation to reality becomes apparent. The leader, while not withdrawing, will be able to share more responsibility and facilitation with group members as they begin to exhibit less defensiveness and more helping skills. The leader will notice group members modeling empathic responses and attempting to generate new insights.

5. Working Toward Increased Personal Effectiveness. This is clearly the most productive stage in the life of the group. Most early concerns and developmental tasks have been resolved and mastered. Respect levels are high as group members engage in less "rescuing" behavior. Also apparent is a decrease in aggression and more willingness to compromise on issues concerning the entire group. Group interactions are typified by much more free association of feelings and thoughts and more frequent open, feeling statements and expressions.

More than an illusion of unity appears at this stage as group members become genuinely concerned about the welfare of each other. Missing members become a focal point because of an obvious change in group composition in their absence. The group begins to take on a life of its own that offers the necessary security for individual behavior change.

Group members at this level are approaching a self-therapist existence with increased self-awareness and insight. Self-confrontations are frequent as much more reliance upon self-evaluation and independence occurs. Group members now develop a personal autonomy while at the same time the group itself is becoming interdependent.

Fantasies are discussed and shared and group members become more demanding of others and themselves in a quest to discover unconscious motivators for behavior. Interpersonally, members begin to risk new ways of relating to one another.

6. Preparing to Leave the Group. Clearly, the group that progresses through the foregoing stages offers levels of support, behavioral reaffirmation, interdependence, and an intensification of feelings that is frequently missing, if not impossible to achieve, in the outside society. Equally clear is that the kind of natural high experienced in this setting can create problems of separation at termination.

A certain ambiguity of feelings can be anticipated that often approximates the grieving process. Leave taking will produce denial and withdrawal in some and elation in others. Overriding these natural feelings of loss and anticipation should be a general optimism and a sense of completion. The group leader needs to take special care in dealing fully with feelings of anxiety associated with leaving the group.

OTHER STAGE THEORIES AND CONCEPTS

Through clinical observations and controlled research studies, most group leaders have attempted to gain some understanding of "normal" group development. While the particular labels might be somewhat different, many researchers and theoreticians agree in general to phases that groups progress through. Martin and Hill (1957) proposed a six-phase theory of group development (Table 8.1). The developmental process that they described is sectioned out into discrete phases. Each phase is described in terms of the major therapeutic problems and the characteristic behaviors found at each phase level. Additionally, transition stages are described that indicate potential within the group for movement to a new phase. Their "scale of group development" includes the phase and characteristics of the interaction at that particular level.

TABLE 8.1
Six-Phase Theory of Group Development

Phase	Type of Interaction
1	Individual unshared behavior in an imposed structure
2	Reactivation of fixated interpersonal attitudes
3	Exploration of interpersonal potential within the group
4	Awareness of interrelationships, subgroups, and power structures
5	Consciousness of group dynamics and process problems
6	The group as an effective, integrative, creative social instrument

Source: Martin and Hill (1957)

Bennis and Shepard (1956) saw two major phases and several subphases within the normal development of a group. For the group to reach a point where it will function effectively, areas of internal uncertainty and obstacles to communication need to be identified and eliminated. They posited the two major areas of uncertainty as *dependence* (authority relations—those who seek support from persons perceived as being stronger than themselves) and *interdependence* (learning to accept dependence in personal relations when it is realistically needed).

They described the dependent member as one who finds comfort in rules of procedure and agendas. This person also may have a high need for intimacy with other group members. The counterdependent member tends to react to authority with competitiveness, exploitiveness, or withdrawal. Relatively unconflicted, independent group members are seen as catalysts and are usually responsible for major movements in the group from one phase to another. They go on to state that groups will likely encounter difficulty in resolving power and authority problems if there are no catalysts.

If the group is able to progress to the interdependency stage, both subgroups, over personal and counter personal, join forces to work together. Movement through the dependent and interdependent phases represents a change in emphasis from power to affection and from role dependency to individual personality.

The movement of the group from the initial or *establishment* stage through the *transition* stage was described by Bonney and Foley (1963). After the attempts to define and establish group goals, members enter the transition stage which involves a change from a primarily social setting to tone in which the focus will be therapeutic. Members frequently experience resistance and anxiety as they learn that they must discuss their own personal problems if the group is to reach its goal. The authors see the group leader as primarily important in helping to reduce the incongruity experienced by members. They recommend that the leader be very active and accepting in the initial stages of the group.

Forwarding the thesis that group member exposure to levels of personal risk and responsibility congruent with optimal group development can be regulated by group structure was presented as a developmental framework by Bednar and Melnick (1974).

The authors contended that lack of structure in early session not only fails to facilitate early group development but actually may feed client distortions, interpersonal fears, and subjective distress which interfere with group development and contribute to premature client dropouts. They suggested that structured interpersonal exercises can be used early in the life of the group to enhance the learning of new response patterns and behaviors which facilitate both long-term group development and individual member improvement. The essential assumption is that after an appropriate group structure and climate has been established, members will find it easier to express the specific content of their problems and engage themselves more quickly with other members at higher levels of emotional expression and openness.

A common thread that runs through much of the research is the importance of the leader as facilitator in assisting the group experience itself to be the primary therapeutic agent. Bernard and MacKenzie (1994) commented that while it is up to the therapist to act as a model for change, the group as the agent of change must always be emphasized. Dies and Dies (1993) further stressed the group as the focus of change by encouraging the leader to facilitate the members' view that all members play the role of therapist/supporter to one another, thus giving the group the responsibility and ability to create growth within the group.

Anderson (1984) synthesized the research of several others in the area of interpersonal relationships and proposed what he called the *TACIT model* of group development. He claimed that the development of small groups progress inexorably through sequential themes of *trust, autonomy, closeness, interdependence,* and *termination* (TACIT). He based his conclusions on the observed parallels with individual human growth and development and family life cycles, which he said seek a balance between autonomy and interdependence.

Although hard data are somewhat difficult to find, what seems clear is that groups can progress through relatively recognizable stages given the proper conditions. Equally important is to focus primary attention on leadership ability, group structure, and composition as the major impactors of group development.

HILL INTERACTION MATRIX

Developed by William F. Hill, the *Hill Interaction Matrix* (HIM) can serve as a particularly valuable tool for the group leader. It is one of the most useful measuring tools for the leader to use in conceptualizing group dynamics and process by examining verbal interaction among members. It also is one way to objectively help determine the extent to which a group is progressing toward meeting its goals.

Hill's matrix (see Figure 8.1) grew out of the clinical study of hundreds of hours of group observation. Interactions within the groups were intensively examined. A thorough discussion of the developmental process is available in *Hill Interaction Matrix* (1956). The HIM was developed in a clinical-therapeutic setting and consequently most of the examples are related to mental health. The matrix is generalizable to virtually any group setting, however, as the principles of categorization remain the same.

Within the matrix the categories are ordered in terms of assumed therapeutic benefit. The rankings are based on the following assumptions:

1. *Member centeredness:* the desirability of having a focus person in the group much of the time.
2. *Interpersonal risk taking:* the desirability for group members to give up the need for interpersonal security.
3. *Interpersonal feedback:* the desirability of all group members acting as both providers and receivers of immediate feedback.

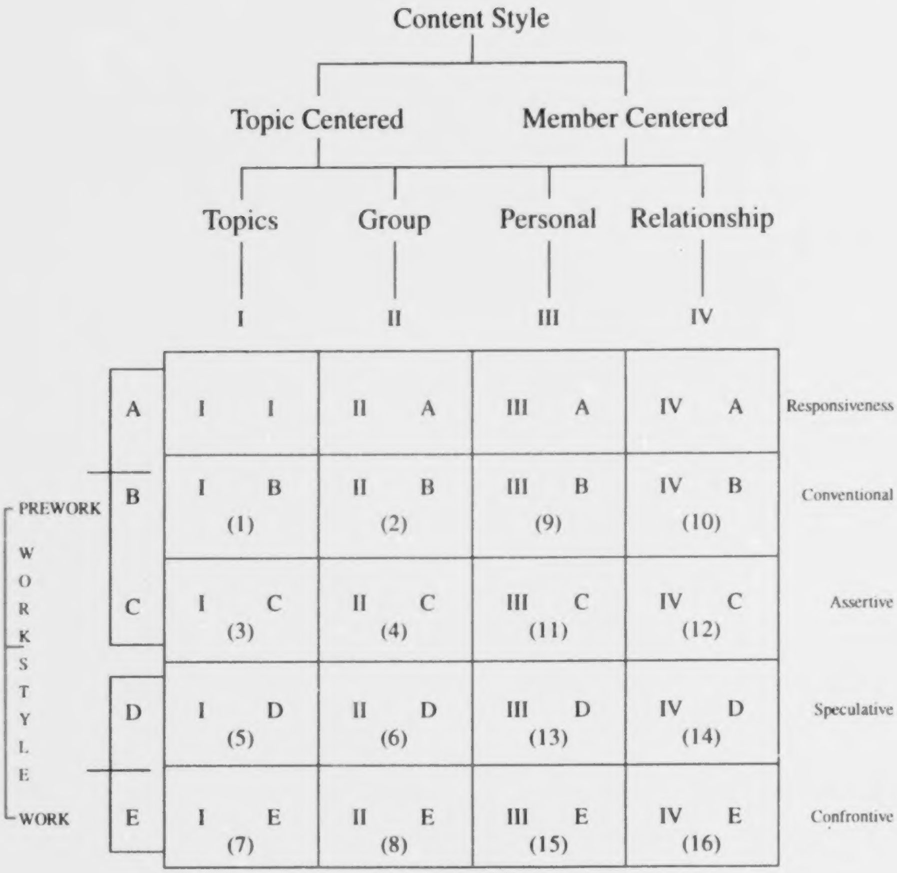
Content Style
Topic Centered
Member Centered
Topics
Group
Personal
Relationship
I
II
III
IV
A
B
C
D
E
PREWORK
WORK
WORK STYLE
I I
II A
III A
IV A
I B (1)
II B (2)
III B (9)
IV B (10)
I C (3)
II C (4)
III C (11)
IV C (12)
I D (5)
II D (6)
III D (13)
IV D (14)
I E (7)
II E (8)
III E (15)
IV E (16)
Responsiveness
Conventional
Assertive
Speculative
Confrontive

Figure 8.1. The *Hill Interaction Matrix.*

Content Style

The HIM conceptualized verbal interaction in the group along two major dimensions. The first, across the top of the matrix, is the *content style*. Content categorizes *what* is being discussed in the group. The second axis has to do with member work styles and is related to the *process* of communication or *how* members relate to each other and the group.

The content dimension is concerned with categorizing the subject matter being discussed. Generally, Hill saw all verbal subject matter as falling into one of the four content categories. Following are some general descriptions of those categories and some points that may help distinguish among them.

Topic. Subjects fitting into this broad and general category include virtually any subject *other than* the group itself, a member of the group, or a relationship *within* the group. General interest material fits here and by definition so would conventional socializing conversation between members of the group. As a further example, most of the content of any discussion group would most probably fit into the topic category.

Group. In this context, verbal interaction is *about* the present group exclusively. It may involve an examination of the groups rules and procedures, formation, operation, and goals. The interaction is characterized and limited to the present and immediate group.

Personal. This is almost always a focus person or one who is being discussed. Focus can be by the topic person herself or himself or by other group members directed toward the topic person. The content of the interaction is upon an individual group member, his or her current status, personality characteristics, traits, behaviors, history, problems, and/or issues.

Relationship. This category is ranked highest of the content dimensions because it involves immediate or "here and now" transactions between present members of the group. It is not *about* relationships, but rather gives evidence of a relationship within the group. It can speak to a relationship between two group members or between a member and the group as a whole.

Work Style

The second axis which involves *work style* or process categories concerns itself with the *manner* in which members discuss any of the content possibilities. The critical determiner is how an individual group member initiates or responds to group content. Once again, following are some general descriptors that help distinguish the five process categories:

Responsive. This very basic style dimension indicates an unwillingness on the part of a group member to verbally participate. The member may limit interaction to a brief response to direct questions or encounters. This category is useful only with severely withdrawn members or those who may be highly defensed.

Conventional. Conversation may be about any number of general interest topics, facts, or information and is conducted in a socially appropriate manner. A work orientation or context has not been established, and the level of interaction could best be termed as descriptive and social rather than problem solving.

Assertive. The present authors' opinion is that this category could more aptly be labeled aggressive in the context of our current understanding of those terms. This process category is frequently distinguished by a hostile or attacking tone. Statements are *often* argumentative but also may include passive modes of behavior. One of the most valuable clues to watch for in this category is that the tone of the interaction tends to close down discussion rather than enhance it. Speakers tend to be finalistic in their pronouncements, do not appear to be open to another point of view, and exchanges tend to be one way rather than two way.

Speculative. The tone changes to a discussion of information or problems that is or are task oriented and contains an implicit invitation to further examine two-way, open, and continuing communication. Speculative interaction is characterized by a cooperative desire for understanding of the problem or context.

Confrontive. One of the key words to characterize this category might well be *clarify*. Confrontive statements tend to draw upon what has already been said in an attempt to clarify, evaluate, and resolve issues. Confrontive statements are typically backed up with some form of concrete documentation. The speaker supports his or her opinion. The encounter involved in this style of communication may frequently be as therapeutic for the speaker as it is for the topic or focus person.

We refer to the lower right hand section of the Hill matrix as the "power quadrant." The assumption is that the more time a group spends in speculative-personal, speculative-relationship, confrontive-personal, and confrontive-relationship interaction patterns, the greater will be the gain for individuals and the group.

SUMMARY

This chapter offers some suggestions to the group leader regarding selection of new group members. The issue of cohesiveness and the development of a trusting atmosphere is addressed. The study of normal developmental stages in counseling groups is divided into two major phases—the precommitment stage and the commitment stage. Several subphases are listed under each with representative group member behavior for each.

Some of the research and clinical observations available in the literature are discussed regarding normal group development.

The *Hill Interaction Matrix* developed by William F. Hill is briefly discussed as a valuable process evaluation instrument available to the group leader. Descriptions of content categories and process work styles are presented.

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CHAPTER 9

TERMINATION, EVALUATION, AND FOLLOW-UP

You take people as far as they will go, not as far as you would like them to go.

Jeannette Rankin, Prologue, in Hannah Josephine's
Jeannette Rankin: First Lady in Congress, 1974

As the group approaches the last session, the facilitator may need to help members prepare for termination. This process usually begins a couple of sessions before the last one. Also, the facilitator needs to help members evaluate themselves and their changes, if any.

TERMINATION

The ending phase or stage in the group counseling process is as potentially crucial to the growth and development of a group as is the beginning phase. It may seem contradictory to suggest that termination is a significant part of the group development. However, development in human potential terms implies growth, and the ability of the group members to cope with, accept, and effectively explore the ending of significant relationships is a higher order of group development. The dynamics of the process of termination, though, need not be limited to an exploration of the termination of relationships. To do so would restrict growth. According to Yalom (1995), termination is much more than an act signifying the end of the experience; it is an integral part of the group process and can be an important force in promoting change.

Rationale

Perhaps the awareness of the ending of events, happenings, experiences, and relationships in the lives of individuals is what provides the substance for significance and meaning. The very fact that there is a beginning implies that there will be an ending. Human experience consists of a series of beginnings and endings and beginning again. This chapter begins and ends and another follows. The day starts and ends so that another can begin. Semesters begin and end and a new semester commences. Relationships also begin and end and are replaced by new relationships. Termination then is a part of a vital process. It is an ending, but that ending can become a beginning.

Allen (1942) also has called attention to termination as an essential part of the life process continuum:

> When the emphasis is placed on the word "ending," it is necessary to keep in mind that this is not a one-sided concept. Actually it describes only half of a life process. The emphasis is not merely on the ending of something already past, but on the new which is being ushered in. The leaving of the old and the beginning of the new constitute the ever-recurring shifting of the scenes in human development. The old is terminated with full regard for the values and satisfactions that have accrued from it. If these values must, however, be measured and felt only in the circumstances in which they were experienced originally, then they cease to be growth-inducing influences and lose their positive meaning. Values from any life experience retain their positive meaning only as the

> individual is free to use them in the ever-recurring newness of living. This is not forgetting and repressing the old but it is using the old to provide the structure of the new. (p. 102)

When dealt with openly, the impending termination of the group gives members an opportunity to deal constructively with feelings of loss, evaluate their own and each others' growth, identify areas in need of continued work, and develop plans and direction for continuing without the group. An exploration, then, of how members can utilize what has been learned becomes equally as significant as learning to cope with the ending of important relationships.

Determining When to Terminate

Closed Groups. Ordinarily the majority of counseling groups in educational settings are closed groups; once begun, new members are not added. In such groups the issue of when to terminate is usually not a problem because they typically meet for a predetermined number of sessions. Therefore, termination is a developmental phenomenon with which the whole group must deal. Some closed groups are formed without a fixed ending date and members of the group are allowed to determine early in the group life how many sessions will be needed. Also, a closed group may begin with the understanding that they will meet for a determined number of times, usually six to eight sessions, and may at that time decide if additional sessions are needed.

Closed groups often conform to external circumstances such as the ending of the semester or school year which dictate when the group will terminate. Such natural stopping places seem to work well in most instances. The counselor must recognize, however, that predetermined termination may not provide an opportunity for the group to meet the needs of all members and that individuals may be terminating with varying degrees of readiness. The counselor should be open to helping some members join a new group or continue in individual counseling.

Open Groups. An open group accepts new members as individuals terminate, thus maintaining a consistent size by replacing members as they leave. In such groups the question of terminating the group is almost never the issue but rather when an individual member is ready to terminate. This is normally determined by the individual with the help of the counselor and the group. In open groups, termination is a recurring, extended, and comprehensive process. The exiting of members from the group and the assimilation of new members affect not only the dynamics of the group but also the process and level of cohesiveness. Therefore, the establishment of an open group is not recommended for inexperienced group counselors.

Additional variables affecting the group counseling process which the counselor must be aware of are readily apparent in the phases described by McGee, Schuman, and Racusen (1972) as typical of open groups:

1. Questions arise about termination during the intake interview. Feelings emerge as other members leave the group.
2. A member verbalizes a desire or intent to leave the group.
3. A discussion ensues about the member's plan to terminate and the potential effect on the member and the rest of the group.
4. Discussion regarding the terminating member will occur during the next several sessions and the decision to terminate will be confirmed.
5. The terminating member attends his or her last group session. Separation occurs.
6. The member's leaving and the resulting implications are discussed periodically during the next few sessions.
7. A new member enters the group.

Resistance to Termination

Reluctance to end a significant experience and to say goodbye to individuals who have become important is a natural reaction and one to be expected. Since individuals may for the first time have experienced this kind of close, intimate, caring relationship, they may face the ending of the group with a sense of loss and resistance. The continuing development of maturity, independence, and responsibility is hindered, though, when resistance is prolonged. A criterion of maturity is the ability to let go when relationships change or end. This willingness to turn loose fosters independence and self-responsibility in self and others. Therefore, the counselor may need to help group members explore feelings related to termination of the group, the resulting ending of meaningful relationships and to engage in the process of turning loose.

The group counselor who anticipates resistance, anxiety, and dependence as probable reactions to termination will be better prepared to respond appropriately. Frequently groups avoid termination by enthusiastically requesting (children plead for) additional sessions beyond the predetermined ending time. The counselor who is unaware of what is prompting the request may get trapped in such situations by his or her own need to be needed. In such situations the counselor should respond to the underlying feelings, rather than to the specific requests. Another typical manifestation of reluctance to end is in the planning of reunions. These too should be discouraged because the group will not be able to achieve in a social setting that which has become so significant to them in a therapeutic setting. In our experience of working with well over 200 groups, we know of only 2 groups following through on their insistence that "We'll all get together again next semester."

As the date of termination approaches, group members are frequently reluctant to continue the process of working and exploring. Explorations may become less intense and discussions more superficial because members are reluctant to introduce new topics. The nonverbalized attitude of the group seems to be a message of "Well, after all we have only two more sessions." Our position is that an hour and a half in a counseling group can be profoundly productive, maximized far beyond the limits of time constraints by the intense nature of the therapeutic group. The counselor can help by verbalizing the reluctance sensed, raising the issue of termination, and stating his or her own expectations.

A crucial prerequisite to the effective facilitation of the termination process is the counselor's personal willingness to come to terms with his or her own reactions and feelings about the ending of relationships. The counselor also has shared in the plan and happiness inherent in the development of the group. He or she too has invested in the growth of the organism that has become a cohesive unit. The group leader frequently has felt cared for, liked, needed, and helpful. Such significant feelings are not easily given up. One of the most facilitative things the counselor can do at this point is to share openly with the group his or her feelings of reluctance to end the relationship. Confronting such feelings "opens the door" for group members to begin the process of turning loose and looking ahead to the possibility of new and equally meaningful relationships in their ongoing world.

Procedures for Termination

If the group members have not already indicated an awareness of the ending of the group counseling sessions, an important procedure is for the counselor to remind the group of the approaching last session at least two sessions prior to termination. Group members can then make their own decisions as to the investment needed to deal with unfinished business. Introducing the matter of termination too early in the life of the group may result in members focusing their energy on the ending of the group and thus avoiding continuing to work on areas of initial commitment.

Procedures for terminating a group range from allowing the members to decide how they are going to terminate, to the counselor initiating a discussion of feelings associated with the ending of the group, to structured exercises focusing on specific issues related to termination. Dies and Dies (1993) suggested that four tasks be addressed during termination:

1. Address any unfinished business.
2. Set goals for what to do once treatment ends.
3. Consider treatment alternatives such as continuing counseling.

4. Explore the personal meaning of the end of the group for each member.

A slightly different approach is taken by Corey and Corey (1992). During the closing session, they emphasize a focused type of feedback by asking (a) how members have perceived themselves in the group, (b) what the group has meant to them, (c) what conflicts have become more clear, and (d) what, if any, decisions have been made. Other members then give feedback about how they have perceived and how they have felt about that person. Many practitioners agree that the leader should focus on the fact of termination in advance of the last session by initiating a discussion of how members feel about the group coming to an end and how they can later utilize the things learned in the group (Dies, 1994; Posthuma, 1996).

Communication exercises are useful in that they help members review and clarify experiences and changes that have been made and provide encouragement to action. However, a potential problem exists with such exercises in that members too often may give only positive feedback when responding to the above suggested questions, particularly if members have developed a deep, caring relationship. Some balance in what is shared can be structured by having members express additional feelings and reactions by responding to open-end sentences having beginnings such as the following:

> My greatest fear for you is . . .
>
> My hope for you is . . .
>
> I hope that you will seriously consider . . .
>
> You block your strengths by . . .
>
> Some things I hope you will think about doing for yourself are. . . . (Corey & Corey, 1992, pp. 231–232)

In groups where members have been unusually intense and constructively critical in their efforts to better understand themselves and to change, often no need will exist to be concerned about achieving balance in termination feedback. The crucial point seems to be that members utilize the last few sessions to continue the process of implementing what they have learned to do in previous sessions, and that members continue to learn how to transfer these significant learnings to their daily lives outside the group.

Summary About Termination

What is needed by a given group approaching termination will be determined by the uniqueness of the group. No single termination exercise could possibly be appropriate for all groups. Therefore, the group counselor is encouraged to rely on his or her own sensitivity and creativity in determining how to help a group cope with the ending of the group counseling relationship.

EVALUATING THE LEADER AND THE GROUP

A converse relationship seems to exist between evaluation and years of experience. For the counselor in training, everything done is evaluated and then with increased experience, few, if any, supervisors insist on evaluating the counselor or what takes place in the counselor's groups. Evaluation can contribute to continued growth on the part of the counselor and group members. Therefore, the group facilitator has a continuing responsibility to assess and evaluate the effectiveness of his or her groups.

Leader Self-Evaluation

The first focus of evaluation by the facilitator should be on self. The leader needs to have a genuine concern and openness to learn about self and one's approach to groups. Co-leading a group can provide excellent opportunities for feedback from the co-leader about projected attitudes, blind spots, missed opportunities, and general facilitative approaches. Also, the opportunity always exists for self-critique through audiotapes or videotapes.

Following each group session, the facilitator might find that a helpful procedure is to examine the following questions:

1. How did the group experience me?
2. What feelings did I experience in this session? Did I express those feelings? Did I have some feelings with which I did not feel comfortable?
3. What were my reactions to various group members? Did I feel "turned off" to some members—rejecting? Do all members know I care about them? Do they feel accepted by me?
4. What did I communicate to each member? Did I say what I really wanted to say? Was my message clearly stated?
5. How much time did I spend focused on the content of the discussion rather than on the interaction taking place or feelings and needs subtly expressed.
6. What do I wish I had said or done? What would I do differently next time?
7. Did I dominate? How willing was I for someone else to assume the leadership role?

Member Evaluation of Group and Facilitator

We have found the following open-end sentence/short paragraph beginnings provide an excellent structure for member evaluation feedback. The group facilitator can take a few minutes at the conclusion of the last session or send a response form home to be mailed back. Members are more likely to be honest if they are not required to identify themselves on the form.

> **Instructions:** Write your first reactions to the following sentence beginnings. Please be as open and honest as you possibly can. You may want to view these as short paragraph beginnings. It is not necessary for you to write your name on this page. The sentence beginnings are
>
> 1. This group . . .

2. This group leader . . .
3. I liked best . . .
4. I liked least . . .
5. I feel . . .

For more specific feedback from members about their reactions to the group facilitator, use the rating scale shown in Table 9.1.

Whether or not questionnaires are administered in the last session or mailed to group members after the group ends, consideration should be given to the length of the questionnaire. Group members may feel overwhelmed with a 20- or 30-item questionnaire requiring lengthy responses to each item. The following is an example of a more specific questionnaire.

1. What changes have you become aware of in your attitudes, feelings about yourself, and relationships with other people?
2. How did the group experience help these changes to come about?
3. What did the group leader do that was most helpful and least helpful to you?
4. Was the group experience hurtful to you in any way or did it have any negative effect on you?
5. Briefly identify any group exercises you especially liked or disliked?
6. In what ways do you wish you had been different in the group?
7. How are you most different as a result of the group experience?

TABLE 9.1
Group Member Evaluation of Facilitator

GROUP COUNSELOR RATING SCALE

Counselor's Name ______________________________

INSTRUCTIONS: Rate your group counselor as you see her or him functioning in your group.

RESPECT: Shows a real respect for the group members by attentiveness, warmth, efforts to understand, and freedom of personal expression.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

EMPATHY: Communicates an accurate understanding of the group members' feelings and experiences. The group members know the counselor understands how they feel.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

GENUINENESS: Realness. Everything he or she does seems to be real. That's the way he or she really is. This person doesn't put up a front.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

CONCRETENESS: "Tunes in" and responds to specific feelings or experiences of group members. Avoids responding in generalities.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

SELF-DISCLOSURE: Lets group know about relevant immediate personal feelings. Open, rather than guarded.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

SPONTANEITY: Can respond without having to "stop and think." Words and actions seem to flow easily.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

FLEXIBILITY: Adapts to a wide range of conditions without losing his or her composure. Can adapt to meet the needs of the moment.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

CONFIDENCE: Trusts his or her abilities. Acts with directness and self-assurance.

5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0
very high		high		moderate		low		very low

The experience of writing about the group and self can help members clarify and substantiate for themselves meaningful changes which need to be supported and encouraged.

Member Self-Evaluation

Evaluation often seems to be a natural part of the last stages of maturation of the group counseling experience and results from the need members have to feel successful, that something worthwhile has been accomplished. This evaluation process will seldom take the form of members relating specific defined goals but will usually occur in the last few sessions as members share their perception of how they have changed, what the experience has meant to them or changes they perceive in other members. A synthesis of what has gone on before may be described in light of specific group experiences. This is a natural approach to evaluation and should be recognized as such by the group facilitator.

Since groups have a life of their own, members may redefine their goals and expectations as a natural process of changes experienced during the course of the experience. Therefore, in some instances it may not be appropriate to evaluate the group or changes in members on the basis of initially defined purposes or by contracts established. Evaluation should always allow for and take into consideration the dynamics of the process of change inherent in counseling groups. In light of such experiences, members may redefine their expectations of self or may set new goals.

If group members are asked to keep a daybook as described in an earlier chapter, it can provide the group facilitator with ongoing insight into members' experiential evaluation of the personal impact of the group. Daybook entries also provide an excellent overview of the ongoing process of the group and afford members the opportunity to assess changes in a nonevaluative manner. Thus the daybook is a nonthreatening source of member self-evaluation.

FOLLOW-UP SESSIONS

Scheduling a follow-up session 2 to 3 months after the group's termination and apprising members of such can provide an impetus for members to continue to work on growth-promoting areas of change. For short-term intensive time-limited groups, a follow-up session is essential to afford members the opportunity to deal with unresolved issues and to receive support and encouragement from the group. A major criticism of short-term intensive groups is the failure of the facilitator to provide for such follow-up sessions. According to Gazda (1989), facilitators of short-term groups are responsible for

1. planning a follow-up session,
2. developing a referral source of professionals to whom they can refer group members when continued professional involvement by the facilitator is not possible, and
3. informing group members of other sources of assistance.

The follow-up session can provide an excellent opportunity for group members to identify new goals for themselves and to explore sources for continued growth toward these new goals as well as to work on any unresolved issues. This is typically not a time when major issues are resolved. After being "on their own" for several weeks, members seem to need emotional support and affirmation more than they need answers or advice. Perceptions of changes are shared, gains solidified, and areas of concern for self and others shared.

Evaluation and follow-up are crucial steps in the total group counseling process and should not be viewed as an appendage to be added on to the group experience. A systematic and effective evaluation procedure can greatly enhance the facilitative efforts of the group leader. Follow-up sessions help members to maintain focus on self and to renew commitment to change.

SUMMARY

Termination of a counseling group is much more than just the ending of a group. In this chapter termination has been presented as a dynamic process which is just as vital to the functioning of the group as is any other part. Resistance to termination has been explored and procedures for termination have been discussed.

Evaluation is a necessary and significant factor in the group facilitator's effort to provide effective help to group members. The group facilitator should engage in a process of developing self-awareness and be open to feedback from group members.

Follow-up sessions can be a means of providing an impetus for members to continue to work on growth-promoting areas of change. Therefore, group facilitators are encouraged to plan ahead for follow-up sessions.

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CHAPTER 10

GROUP COUNSELING WITH CHILDREN AND ADOLESCENTS

It is hard to convince a high-school student that he will encounter a lot of problems more difficult than those of algebra and geometry.

Edgar W. Howe, *Country Town Sayings,* 1911

Children and adolescents need and want assistance. Group counseling is an excellent means to assist in their development, to learn about themselves and how to prevent negative and increase positive interpersonal relationships, and to explore the here-and-now while considering implications for the future.

GROUP COUNSELING WITH CHILDREN

As an age group, children are probably the least understood and the most difficult to work with for most counselors. Children do not communicate in the customary ways familiar to most adults.

They often fail to follow the usual rules of courtesy in groups and are not inclined to be turned on by insight inducing self-exploration as are most adults. They can be blatantly disruptive and may even ignore the best facilitation moves the counselor has to offer. While these points are typically true of children's groups, they can also be the most alive, active, sensitively caring, and rewarding groups. Greater group facilitation skill may actually be required for working with children's groups because they are developmentally more diverse and more likely to stimulate the subjective values of the facilitator. It may be quite difficult for many group facilitators to refrain from reacting as a typical parent to disruptive behavior in a children's group, something that almost never happens in most adult groups.

Goals and Purposes

In group counseling relationships, children experience the therapeutic releasing qualities of discovering that their peers have problems too, and a diminishing of the barriers of feeling all alone. A feeling of belonging develops and new interpersonal skills are attempted in a "real life" encounter where children learn more effective ways of relating to people through the process of trial and error. The group then is a microcosm of children's everyday world. In this setting children are afforded the opportunity for immediate reactions from peers as well as the opportunity for vicarious learning. Children also develop a sensitivity to others and receive a tremendous boost to their self-concept through being helpful to someone else. For abused children who have poor self-concepts and a life history of experiencing failure, discovering they can be helpful to someone else may be the most profound therapeutic quality possible. In the counseling group, children also discover they are worthy of respect, and that their worth is not dependent on what they *do* or what they *produce* but rather on *who* they are.

As in group counseling for adolescents and adults, group counseling for children is basically a psychological and social process in which children learn about themselves and others and the dynamics of interacting in ways that are mutually satisfying and basically encouraging. When children experience difficulty in developing appropriate social relationships, lack self-discipline in controlling their own behavior, have poor self-esteem, experience a lack of motivation, or in general have difficulty in developing coping behaviors that enable them to make adequate and self-enhancing adjustments, group counseling can be considered a significant intervention process. Emphasis on succeeding coupled with a high incidence of divorce, alcoholic parents, physical abuse, sexual abuse, financially stressed parents, and parents who abuse drugs are all factors that may contribute to stressed children who have difficulty coping or succeeding, especially in classrooms. We believe group counseling experiences should be provided for children before they begin to experience the consistent and cumulative failure that often leads to an unhealthy self-concept.

Special Considerations

Although the basic principles of group counseling apply to working with children in groups, some additional essential considerations are needed regarding the structuring of sessions. A basic rule of thumb is the younger the children, the shorter the attention span and thus the shorter the session. The most effective time frame for preschool and primary grade children seems to be 30- to 45-minute sessions with some groups meeting twice a week.

A second rule of thumb is the younger the children, the greater the degree of physical activity and thus the smaller the group. Groups of five to six children are usually recommended through age nine. Play therapy groups might have only two or three children depending on the needs of the children and the size of the play room or play area.

If the therapeutic group approach is based primarily on verbal discussion, then the third rule of thumb is the younger the children, the less they know about how to function in a group, thus more structure is needed. Our own experience has shown that as children learn how to assume responsibility for their behavior in the group, less emphasis is needed on structure.

The same ethical codes of professional conduct required for working with adults apply when working with children. The counselor employed in an agency or private practice must obtain approval from the parent or legal guardian. By law, parents are responsible for children and therefore must be informed about the nature of the group counseling procedure and consent secured. Because of the high incidence of divorce in our society, the counselor must ensure that permission is obtained from the adult who has legal custody of the child. In most public schools obtaining parental permission is not an issue because the counseling program is considered to be an extension of the educational program of the school. However, this is not the case in all public schools; therefore, the counselor is well advised to be acquainted with local school policy.

An appropriate procedure in most children's groups is to review basic group rules during the first session. Children need to know what limits are in effect; therefore, reviewing rules for group interaction such as one person talks at a time, remain seated, and listen to others can be a way of helping children to learn how to function effectively as a group. Responsibility can be conveyed to the group by asking the children to share what rules they think are necessary to have a successful group. As will be discussed later, in play therapy groups, limitations on behaviors are best stated at the time they are needed.

Group counseling with children is distinctly different than group counseling with adults. Children are not as capable of verbally expressing themselves as are adults. Their natural means of interaction is play and activity oriented. Indeed, for children below 9 or 10 years of age, the natural means of *communication* is play. Therefore, counselors for children's groups must have had supervised training with children so they will know how to effectively utilize this medium to facilitate children's communication with each other and the counselor.

Formats

Formats for counseling with children in groups should take into consideration the developmental level of children and should be based on children's natural means of communicating their emotional and social needs. Since children's natural "language" is play, they are much more comfortable acting out their behavior than talking about their problems or concerns. Therefore, exclusive emphasis on the interview or discussion type format of group counseling is not recommended for children below 9 years of age. When children feel uncomfortable trying to conduct themselves appropriately with what is for them an awkward procedure, the relationship which is so crucial to the group counseling process is slow to develop. Depending on the age of the children, the recommended formats for group counseling with children are group play therapy, activity group therapy, and structured group counseling.

Group Play Therapy

Meaning of Play. Group play therapy is recommended for children up to age 9 and takes into consideration the developmental implications of abstract reasoning and thinking which are not fully developed until approximately age 10 or 11. Since much of our verbal language is communication based on abstract symbols, children below age nine experience difficulty using this medium to express feelings and explore relationships. A difference also exists between children's production and comprehension of language. The level of children's understanding typically surpasses the maturity of their speech. To restrict children to verbal expression imposes unnecessary limitations on the communication which must take place between children and the counselor and within the group if the time together is to be a therapeutic experience. Play is to children what verbalization is to adults. It is a medium for expressing feelings, exploring relationships, describing experiences, disclosing wishes, and achieving self-fulfillment.

According to Landreth (1991), play is the child's symbolic language of self-expression and can reveal (a) what the child has experienced; (b) reactions to what was experienced; (c) feelings about what was experienced; (d) what the child wishes, wants, or needs; and (e) the child's perception of self. An understanding of children's play behavior provides cues to help the therapist to enter more fully into the inner life of the child. Since the child's world is a world of action and activity, play therapy provides the therapist with an opportunity to enter the child's world. The selection of a variety of appropriate toys by the therapist can facilitate a wide range of feeling oriented expressions by children. Thus, children are not restricted to discussing what happened, rather they live out at the moment of the play the past experiences and associated feelings. Therefore, the therapist is allowed to experience and participate in the emotional lives of children rather than reliving situational happenings. Since children thrust their total being into their play, expressions and feelings are experienced by children as being specific, concrete, and current, thus allowing the therapist to respond to their present activities, statements, feelings, and emotions rather than past circumstances.

Amster (1943, pp. 62–67) has listed six uses of play.

1. Play can be used for diagnostic understanding of the child.
2. Play can be used to establish a working relationship.
3. Play can be used to break through a child's way of playing in his daily life and his defenses against anxiety.
4. Play can be used to help a child verbalize certain conscious material and associated feelings.
5. Play can be used to help a child act out unconscious material and to relieve the accompanying tension.
6. Play can be used to develop a child's play interests which he can carry over into his daily life and which will strengthen him for his future life.

Play Process. In the natural course of interacting with each other in the playroom, children learn not only about other children but also about themselves. Ginott (1994) suggested the presence of several children in the playroom helps to anchor the experience to the world of reality. In the process of interacting, children help each other assume responsibility in interpersonal relationships. Children then are able to naturally and immediately extend these interactions with peers outside the setting of group play therapy.

Unlike most other approaches to group counseling, in group play therapy no group goals exist, and group cohesion is not an essential part of the developing process.

Playroom and Toys. The physical setting for group play therapy can be either a playroom designated for that purpose or a part of a larger room with toys and materials appropriately displayed. A major consideration is a setting that affords privacy and is large enough to afford a certain degree of freedom within the context of limitations on destructiveness. A room that is too small restricts children's expressions and may promote frustration. Likewise, a room that is too large may encourage too much activity, inhibiting the development of a relationship with the counselor or other children because too little contact and interaction occurs.

Since toys and materials are used by children to communicate their personal world, Landreth (1991) recommended selecting toys and materials that facilitate the following goals:

1. establishment of a positive relationship with a child,
2. expression of a wide range of feelings,
3. exploration of real life experiences,
4. testing of limits,
5. development of a positive image,
6. development of a self-understanding, and
7. opportunity to redirect behaviors unacceptable to others.

He recommended toys that represent the three broad categories of

1. *real-life toys,* such as a doll, bendable doll family, doll house and furniture, nursing bottle, play dishes, small car, airplane, and telephone;

2. *acting-out or aggressive-release toys,* such as handcuffs, dart gun, toy soldiers, pounding bench, rubber knife, and inflatable punching toys; and
3. *toys for creative expression and emotional release,* such as crayons, newsprint, blunt scissors, pipe cleaners, Popsicle sticks, colorful molding clay, hand puppets, a foam ball, cellophane tape with animated characters on it, and nontoxic glue or paste.

Activity Group Counseling

Activity group therapy is recommended for children ages 9 to 13, who are still developmentally play and activity oriented but also to whom the group and team activities are extremely important.

Meaning of Activity. At this age, children generally feel more comfortable in and thus prefer same-sex groups. They are not comfortable talking about their problems and are much more likely to act out their emotional reactions. As Slavson (1945), one of the pioneers of the activity group therapy approach, has stated, "What little children gain through play and acting out, young children in their latency period and early adolescents achieve through manual activity, creative expression, and free play interaction with one another. Older adolescents and adults require verbal expression and insight to gain the same results" (p. 202). Slavson viewed the acting out behavior of children in the therapeutic process as a primary form of communication.

Selection of Members. In activity group counseling, a great deal of attention is paid to member selection and the balancing of groups because there is very little counselor intervention. The activity and the interaction of the group members are viewed as the primary facilitators of change and growth. Ginott (1994) recommended that certain children not be placed in activity group counseling:

1. those with premature and persistent preoccupation with sexual matters,

2. those who have actively engaged in homosexual activities,
3. psychopathic preadolescents,
4. destructive preadolescents whose aggressiveness is deep rooted in hostility toward self or others,
5. those with long histories of stealing outside the home (those who steal only at home may be seeking affection),
6. those who recently have been involved in a trauma or catastrophe, and
7. those suffering from intense sibling rivalry.

Counselor Role. The role of the counselor is characterized as permissive and nonintervening. "S. R. Slavson has used the term 'neutral' in describing the role of the worker in activity group therapy. He does not use it in the sense that the worker demonstrates fairness in conflict situations between children, which is also true, but rather, as a quality of being available and meaningful to the children in terms of each child's unique need. Each child 'makes' of the worker that which he requires" (Schiffer, 1969, pp. 46–47). Limits on behavior are interjected as suggestions for behavior rather than as attempts to stop behavior. For example, if a child began painting the leg of the easel, the counselor would take newspaper over and place it on the floor and offer the child a smock. This method is viewed as having a compressing effect on the behavior (Schiffer, 1969).

Process. Schiffer (1969) described the therapeutic process in the play group as being set in motion through the purposeful use of permissiveness by the counselor which results in the following phases:

Preparatory Phase

- Introduction to the play group and the children's initial reactions to permissiveness

- Testing the reality of the new experience
- Discovery and relaxation

Therapeutic Phase

- Development of transference on multiple levels—toward the worker and the other children
- Regression
- Aggression
- Abatement of anxiety and guilt
- Catharsis

Reeducational Phase: Integrative, Maturational

- Increased frustration tolerance and capacity for delaying gratifications
- Development of personal skills: expansion of interest areas
- Improved self-image
- Sublimation
- Success in intragroup participation: recognition from the group
- Group controls become more efficient; responsiveness of the individual to the group increases
- Interaction resembles that of normal groups
- Transference becomes diluted; identifications move closer to reality

Termination

- Temporary regression in behavior resulting from separation anxiety
- Acceptance and conclusion (pp. 2–3)

Activity Rooms and Materials. For activity group counseling, a designated activity room is a must. Usually a room of 300 square feet is adequate for a group of six children. Schiffer (1969) suggested the following materials for activity group counseling:

> Objects representing significant persons and animals: dolls, puppets, a large inflatable plastic figure, face masks.
>
> Objects which are identified with significant persons and their activities: adult "dress-up" clothing, crib, carriage, refrigerator, sink, toy size house furniture.
>
> Plastic, multifunctional media: poster paints, finger paints, plasticene clay, self-hardening clay, blocks, water.
>
> Manipulative skill and craft materials: lumber and basic wood working tools, looms for weaving, leather craft, materials for sewing, knitting, crocheting.
>
> Recreational supplies, toys and games: ring toss, a soft rubber ball, a simple boxed game which two or more children can play at one time, dominoes, checkers, pick-up-sticks, Nok Hockey, truck, auto, airplane. (p. 73)

Other standard furnishings are tables, chairs, easel, cabinets, bookshelves, sink, broom, dust pan, mop, pail, newspapers, etc.

Length of Sessions. Sessions of 1½ to 2 hours once a week are generally recommended with the last 30 minutes reserved for refreshment time. The refreshment time is usually the only time when the children come together as a group. The counselor sits with the group but is not the leader. This time usually becomes a time for planning outings and group activities.

Structured Group Counseling

Structured group counseling means group counseling experiences that basically rely on the limited ability of children to verbally discuss topics. Topics are predetermined by the group counselor and are focused on by presentations through some form of structured media such as puppets, stories, role-playing, games, activities, or a highly structured series of questions and discussion stimulus leads.

> Structured groups are developed to meet specific needs of participants by helping them develop specific skills, address

> certain life transitions, or address specific issues or themes relevant to the lives of those who join the group. The specific topic of the group varies, but there is a focus on providing participating members with new skills, or with helping members address a specific topic relevant to their lives. (Ohlsen, Horne, & Lawe, 1988, p. 316)

Guidelines for Structuring. As has been described in a previous chapter, some degree of structure is evident in all group counseling relationships. Structure should be utilized as a means for achieving goals and not as a means for control. Therefore, the most appropriate structure provides for flexibility. Day and Sparacio (1980) presented the following guidelines for utilizing structure:

1. Structure should be negotiated or requested, not coerced. Clients should be given the opportunity to respond and react to structure as well as to be able to modify it.
2. Structure, particularly restrictions and limitations, should not be applied for punitive reasons or in a punitive manner.
3. The counselor should be aware of his or her rationale for structuring and should explain the reasons at the time of structuring or be prepared to provide rationale in response to the client's request for explanation.
4. The counselor should be guided by the client's readiness for structure and by the context of the relationship and process.
5. Too much or a too-rigid structure can be constraining for both the client and the counselor.
6. Ill-timed, lengthy, or insensitive structuring can result in client frustration or resistance and can interrupt the continuity of the therapeutic process.
7. Unnecessary and purposeless recitation of rules and guidelines can imply that the counselor is more concerned with procedure than with helpfulness. In fact, a compulsive approach to structuring can be indicative of low levels of counselor self-assurance.

> 8. The counselor must relate structure to the client's emotional, cognitive, and behavioral predisposition.
>
> 9. Structuring can imply that the relationship will continue with this particular client. It may turn out that the counselor will decide not to work with this client, or that the client may not be suitable for this counselor.
>
> 10. Structure cannot replace or substitute for therapeutic competence. Structure is not a panacea. It is not the total solution to building a productive therapeutic relationship. Structure is complementary and supplementary to human relations, communications, diagnostic, and intervention skills. (pp. 248–249)

Activity-Interview Group Counseling. Although children lack the verbal facility to express themselves fully and possess inadequate group intervention skills, Gazda (1989) believed appropriate structured and training activities can be used to help children learn how to function adequately in groups. In his format, games and activities are followed by discussion of the relevance of experiences or activities to the problem behavior in need of modification. After the first three or four free toy play sessions, which are viewed as relationship-building experiences, the counselor structures the last half of each 40- to 60-minute session through reading and telling stories and incorporates puppets in the process. Gazda recommended moving from puppets to dolls in structuring situations dealing with problems at hand. The children are asked to use dolls to work out solutions. Often, interpersonal problems which develop during the free play part of the session become the focus of the structured problem-solving discussion. Free play activities and games should be selected according to needs of group members and should be varied across sessions in order to accommodate interests of a variety of members. As the children learn how to function more effectively in a group, Gazda suggested moving toward structuring most of a given session.

A word of caution is offered: the completion of a game or planned activity should not supersede a meaningful and appropriate spontaneously generated discussion. Structure should be flexible.

Structured Games and Multimedia. Another approach is the use of simulation games and comprehensive multimedia programs, such as the *Developing Understanding of Self and Others (DUSO)* kit, to structure the entire session. In simulation games, children face reality-oriented problems and work out strategies for surmounting them. Such games teach knowledge and skills and provide for the development of self-awareness. The DUSO program includes open-ended stories, role-playing, puppetry lessons, and pictures to stimulate group discussion.

Selection of Members. Advocates of simulation games propose that these procedures are appropriate for all ages. Materials such as the DUSO program are designed for children in primary and early intermediate grades. Activity-interview counseling is recommended for children ages nine to thirteen.

GROUP COUNSELING FOR ABUSED CHILDREN

Of the many groups of children in our society who are at risk, none is perhaps any more needy or present a wider range of problems than children who have been abused. Gomez-Schwartz, Horowitz, and Candarelli (1990) outlined the immediate significant behavioral, emotional, cognitive, and interpersonal problems associated with abuse, while other researchers have demonstrated the long-term effects abuse can have on children (Briere & Runtz, 1988; Beitchman et al., 1992). The Texas Family Code (1995) provided defined abuse comprehensively as "an act or omission that endangers or impairs a child's physical, mental, or emotional health and development. Child abuse may take the form of physical or emotional injury, sexual abuse, sexual exploitation, physical neglect, medical neglect, or inadequate supervision" (p. 4). According to some estimates, as many as three million children may be abused each year in the United States. Every state has a child abuse law which requires the reporting of child abuse.

Goals and Purposes

Because abusive parents are so inconsistent and unpredictable, children learn to distrust not only their parents but other significant adults in their lives including counselors. In addition, they have learned not to trust themselves or their environment. Consequently, abused children have internalized three significant messages. "Don't talk. Don't trust. Don't feel." To work with abused children is very difficult and requires great patience on the part of the counselor. Abused children may be aggressive, extremely withdrawn, isolated, and/or exhibit academic problems or socially maladaptive behavior. The first major goal with such children is the building of a relationship in which they will feel safe enough to risk trusting a new adult in their lives.

As in the case of other special population children, abused children need to be helped to discover that they are not alone in their experiences and feelings. Such children need opportunities to act out these intrusive experiences, and in the process they experience a feeling of being in control. In addition, abused children need opportunities to express the full range of mixed and confusing feelings felt toward the perpetrator.

Selection of Members

Caution must be exercised in placing abused children in group counseling experiences. The feelings associated with abuse are so potentially intense, especially in cases of sexual abuse, that individual counseling may be required initially or in conjunction with group counseling. In cases of recent traumatic sexual abuse, individual counseling would be recommended. Same-sex groups are recommended for children of all ages in cases of sexual abuse. This does not seem to be a necessary prerequisite for other forms of abuse.

Intervention Strategies

Group play therapy is the most preferred format for children under 10 years of age because it affords those who are unable to verbalize well an opportunity to express their feelings. For older children, the structured group counseling format could include focused discussion topics and simulated games to help children share and explore what they have experienced, and their feelings and reactions (Celano, 1990; Mandell & Damon, 1989; Powell & Flaherty, 1990).

GROUP COUNSELING FOR CHILDREN OF DIVORCE

The incidence of divorce touches at least 50% of the children in the United States and leaves many of them feeling bewildered, confused, hurt, angry, rejected, or abandoned. Since children are egocentric, many feel guilty, believing that something they did caused the divorce. Some children experience serious problems in development as a result of the trauma of divorce. Younger children experience their world in a very concrete manner, and therefore, many fear that if parents can "abandon" each other, they too can be abandoned. This fear may result in a developing distrust of any adult who seems to care.

Goals and Purposes

Children of divorce need opportunities to express their feelings and reactions in a safe and constructive environment which breaks down the barriers of isolation and provides experiential communication with which they feel comfortable. Hammond (1981) suggested the following goals for group counseling with children of divorce:

1. To help children talk about and come to understand their feelings about their parents' divorce.

2. To help children understand that they are not alone in their feelings and experiences.

3. To give children an opportunity to learn new coping skills and to share successful coping strategies with others in the group.

4. To help children gain a more realistic view of the divorce situation and move toward acceptance of themselves and their family.

Selection of Members

Eleven- and 12-year-old children would seem to be best suited for the structured group counseling format because of their abstract reasoning ability and their ability to generalize from the group experience to daily life. Group play therapy would provide younger children with constructive physical outlets for their anger and the opportunity through play to develop a feeling of control at a crucial time when their world seems to be out of control. Both formats would help children to discover they are not alone.

Intervention Strategies

The *Children's Divorce Group* described by Wilkinson and Bleck (1977) consists of eight 45-minute sessions for upper-grade elementary school students. The sessions are structured around introductions, agreeing on rules for the group, activities focused on feelings, drawing the family, problem-solving techniques, integrating role-playing, and puppets.

Hammond (1981) described a six-session format utilizing get-acquainted exercises, films, role-playing, brainstorming, bibliotherapy, assertiveness training, games, strength bombardment exercises, and group discussion.

GROUP COUNSELING WITH ADOLESCENTS

Adolescence is generally regarded as a period of great change. For many adolescents, this stage of development is characterized by conflict, questioning of values, a bewildering array of choices, confusing physiological changes, and an overwhelming need for approval by peers. Added to these stressors is an increased pressure to be responsible for one's own actions. During this stage of development many adolescents feel they are alone in their mire of self-doubt. They seek approval from others, especially peers, and at the same time struggle with the issues of independence-dependence in relationships involving significant others. For most adolescents, this is a time of enormous peer pressure. Values and traditions are questioned in light of peer group reaction and standards. The need for peer approval and acceptance may often be stronger than their own issues of self-respect. Adolescents often look to their peer group for self-identity. Therefore, this is an opportune time to utilize group counseling to deal with feelings of isolation and the overwhelming number of choices facing adolescents.

A couple of cautions about working with adolescent groups would seem to be in order at this point. As with all counseling groups, a facilitator has the ethical responsibility to clarify group functions and actions. A counselor who haphazardly brings together groups for no clear purpose cannot expect trust and respect to develop within the group. The prospective members must know why the group has been established. Since adolescents are often sent to counseling under duress and are made to feel that whatever happened is their fault, counselors need to be very careful that they are not perceived as defenders of authority figures.

Purpose and Goals

Since adolescents have such a strong need for peer identification and approval, group counseling is especially appropriate because it provides a supportive atmosphere in which they feel safe enough to risk sharing their concerns. Through the interaction process in the group, they discover other adolescents have similar problems, and that they are not alone. Within the group counseling structure, many adolescents experience for the first time that they can give as well as receive help. To receive help from another person or a group is a positive experience, but indeed a much more powerful experience is for adolescents to discover they can be helpful to another person. Out of such experiences comes a respect for self as adolescents experience a sense of usefulness and an acceptance of themselves as contributing persons in the lives of other members. Adolescents also learn they are unique and special and that they are genuinely accepted by a group of peers whom they have come to admire and respect. These therapeutic factors contribute to the development of a cohesive, growth-promoting group. Adolescents' perceptions of the therapeutic factors in group counseling provide helpful insight into the importance of such a group experience. The factors selected by adolescents as most helpful, according to Corder, Whiteside, and Haizlip (1981, p. 348) are as follows:

> Learning to express my feelings.
>
> Learning that I must take ultimate responsibility for the way I live my life.
>
> Other members honestly telling me what they think of me.
>
> Being in the group, was in a sense, like being in a big family, only this time, a more-accepting and understanding family.
>
> Belonging to a group of people who understand and accept me.
>
> The group giving me an opportunity to learn to approach others.
>
> Seeing I was just as well off as others.
>
> Helping others and being important in their lives.

These therapeutic factors could easily be translated into general goals for adolescent group members. As with any group, however, the adolescent group members must decide for themselves what specific goals are appropriate. Ohlsen et al. (1988) have taken a unique approach to stating the general goals for adolescent counseling groups by identifying adolescents' needs as follows:

1. Search for identity by defining meaningful goals for various facets of life.
2. Increase understanding of their interests, abilities, and aptitudes.
3. Improving skills for identifying opportunities and for evaluating them in terms of their own interests, abilities, and aptitudes.
4. Increasing interpersonal skills and self-confidence to recognize and solve their problems.

5. Improving interpersonal skills and self-confidence to recognize when decisions are required, how to make them, and how to implement them.

6. Increasing sensitivity to others' needs and improving skills for helping others satisfy their needs.

7. Improving communication skills for conveying their real feelings directly to relevant persons, and with considerations for their feelings.

8. Independence to examine what they believe, to make their own decisions, to take reasonable risks, to make mistakes, and to learn from their mistakes.

9. Improving interpersonal skills to deal with authority figures in a mature manner; for example, employers, police, government officials as well as parents and teachers.

10. Meaningful participation in developing and maintaining limits on their own behavior.

11. Growing knowledge and skills for coping with their physical and emotional changes associated with maturation.

12. Improving skills to learn and live new roles. (pp. 275–276)

Intervention Strategies

Topics addressed in adolescent groups should be directly related to changes occurring in their lives. For example, junior high students are generally concerned with socialization issues, while high school students are more concerned with self. Other common topics or themes that arise in adolescent groups are alcohol and drug abuse, relationships with parents, conflicts at school, making one's own decisions, feeling rejected and unloved, learning to repress feelings appropriately, and relating to the opposite sex.

Although to specify a topic is sometimes advisable for certain sessions or to develop a group theme, spontaneously generated problems or concerns of members not related to the topic should be encouraged. Such spontaneous discussions are often the most productive and usually touch areas of concern to other members.

Adolescents are not as developmentally capable of coping with uncertainty as are most adults. Therefore, some structuring of sessions will help group members to feel more secure and thus more willing to risk sharing in keeping with the direction provided by the structure. Apparent disinterest by some adolescents in the group may mask their fear of being unable to express appropriately and comfortably their feelings and needs. *Role-playing,* one of the most easily utilized intervention strategies, is especially effective with adolescents because they are allowed to be someone else and thus are not as likely to be self-conscious.

Role-playing can be a means of gaining practical experience in expression of feelings. This informal here-and-now reality dramatization allows adolescents an opportunity to take on various roles and in the process to develop insight into how another person thinks, feels, and experiences. It is a learning through experiencing activity and thus can have a significant impact on experience-prone teenagers. Role-playing also affords teenagers the opportunity to practice human relations skills and is highly recommended for practicing communication with parents, teachers, peers, and employers. Role-playing fosters creative problem solving, helps members express themselves more spontaneously, improves communication, increases involvement in the group interaction, increases feelings of empathy for others, and facilitates the development of new insights into self (Corder, 1994).

Other techniques or intervention strategies which have been found to be helpful in working with adolescents are human potential lab exercises for teaching adolescents how to give positive feedback, assertiveness training, decision-making training, and socialization skill-building exercises.

Problem Focused Groups

Topic or theme oriented groups fit naturally into the developmental concerns of adolescents and have been shown to be quite effective with those adolescents typically labeled as difficult or hard to reach. These are the adolescents who do not feel they fit in and thus do not identify with or feel they are a part of the school setting. They lack motivation in the direction desired by most adults in schools but nevertheless are motivated in the direction of what seems to them to be important in their lives. We believe all adolescents are motivated. *The counselor's task, therefore, becomes one of developing the kind of setting and atmosphere which builds upon this motivation rather than trying to develop motivation.* Peer identification among "hard to reach" adolescents is one of the most powerful sources of motivation they experience and can be utilized in the group counseling setting to help such adolescents examine and change their attitudes, goals, and self-defeating behaviors. Beginning group counselors are often amazed at the constructive suggestions and creative problem-solving ideas generated by adolescents who have been labeled as problem students by other adults. This inherent group move or push toward positive, constructive behavior has been noted in a wide variety of special high risk groups focusing on topics such as school truancy, classroom management problems, repeated discipline violations, drug abuse, and runaways. In a caring supportive environment such as that which develops in a counseling group, adolescents can move toward accepting greater self-responsibility and in turn encourage other members to do the same.

Example of Problem Focused Group. One of the most exciting topic or theme oriented groups we have ever organized was structured around teenage chronic traffic violators. The project is described here as an example of how such groups can be organized.

1. *Identified group:* Teenage chronic traffic violators.

2. *Rationale:* Teenage drivers are experimenting with new found freedom, are notorious for taking unnecessary risks, and use automobiles as an avenue and extension for expressing their feelings. They lack the maturity which comes with experience in making decisions in a wide variety of situations and often respond impulsively when driving,

using the automobile as an expression of their frustrations. Traffic fines seem to have little or no significant or lasting impact on the recurrence of traffic violations by teenagers. A group of teenagers who are all traffic violators can provide the opportunity for peers to share their feelings, gain insight into their behavior and learn to delay gratification or feelings by bringing them to the group for sharing rather than acting out with an automobile. An assumption is that many chronic teenage traffic violators have poor self-concepts. A supportive peer group can be a powerful instrument in helping teenagers develop more positive attitudes and feelings about self.

3. *Group membership:* This group was composed of high school students who had committed more than five major traffic violations during the past years. Expiration of a safety sticker, exceeding the speed limit by no more than 5 miles per hour, etc., were not considered major traffic violations. The program was explained to court officials who then agreed to give these teenagers a choice. They could choose to pay the fines or go to group counseling for an undetermined length of time with no guarantee at the end of that time that the fines would not have to be paid. The judge would consider the recommendation of the peer group. Screening was conducted in individual sessions where the nature and purpose of the group was explained, choices were clearly stated, and questions answered. Five boys and three girls were selected.

4. *Organization of the group:* The groups was open-ended and met for an hour and a half, once a week after school hours. Group members understood that a member could not exit the group experience and request a hearing with the judge until the group decided they were ready to terminate the group experience. Group members were free to leave the group at any time but with the understanding that they had not completed their part of the contract and therefore would have to pay the outstanding fines. More than two absences would result in removal from the group.

Written consent was obtained from parents for permission to participate in the group. General basic ground rules were discussed and the point was stressed that members must maintain the confidential nature of other members' disclosures.

5. *Topics for discussion:* In the first session, members were invited to share their reasons for being in the group and considerable unsolicited discussion occurred of details surrounding traffic tickets received. This was viewed as a natural stage in the group's movement toward getting acquainted and establishing trust. An explanation was made to the group that this was their group and they could get out of the group what they felt was important for them. They were encouraged to say what they thought and felt. The point was emphasized that all topics were appropriate for discussion, not just traffic violations. After the first session, very little discussion of traffic violations or driving habits occurred other than an occasional updating by members of the most recent location of radar units. Recurring themes throughout the sessions involved feeling unloved by parents, feeling no one cared about them, dating relationships, and feeling restricted by too many rules. The group's facilitator never made any attempt to "set the members straight" about their driving habits.

6. *Structure of sessions:* A continual task for the facilitator was the necessity of working hard to help group members to speak for themselves in concrete terms, to take responsibility for their own behavior, and to stay focusd on the here-and-now. Role-playing was frequently utilized in sessions to assist members in expressing themselves more effectively and to provide opportunities to test reality and practice new behaviors. Some topics such as, "When do you get angry and how do you express your anger?" were introduced into the group, but overall this was a lively group with spontaneously generated topics and concerns which were quite appropriate for the group to explore. An interesting point to note was that members rather quickly be-

gan to assume responsibility in the group. This was first observed by members squashing attempts to sidetrack the group.

7. *Results:* What became apparent early was that the group experienced rather quickly a move from a level of being an opportune way to hopefully avoid paying a traffic ticket to an experience in which members were invested. One example was David, who had graduated from high school, taken a job in a town 30 miles away, worked until the very last minute he could on group day, then jumped into his car and drove as fast as the law permits so he wouldn't be late for group. Encouragement that it was O.K. for him to be late for group was to no avail. He was a leader in the group and found the experience to be tremendously rewarding. Another group member tried to bribe members to allow him to terminate the group early so he could earn more money, and they refused.

   A one-, two-, and three-year follow-up of the three groups that completed this program for teenage chronic traffic violators found that the average number of traffic citations per member per year was reduced from five to less than one per member. Several members received no traffic citations during the three years following the group experience.

SUMMARY

Children need help in learning about themselves, others, and the process of interacting, and the group setting affords all the dynamics necessary for engaging in this significant process. What better way to learn the dimensions of self-control necessary in social interactions than in a play therapy group or activity group setting. These modalities for working with children allow them to utilize their natural means for self-expression and in the process easily keep the focus of exploration in the here-and-now because spontaneous and structured play can only occur in the present.

Because of the developmental issue of peer pressure, perhaps no other age group needs group counseling more than do adolescents. Socialization issues and self-awareness are the key areas of focus and exploration by adolescents, and, unlike children's groups, they are dealt with primarily through verbal interaction. Insight and self-discovery are exciting adventures for adolescents, especially those adolescents who have poor self-concepts, unsatisfying social relationships, and poor impulse control. The counseling group affords an excellent opportunity for adolescents to learn more appropriate ways to express their feelings, to accept responsibility for themselves, to discover that they are not alone, to experience acceptance from others, and to discover they can give as well as receive help.

For many adolescents, the teen years are a time of isolation and introversion, and a struggle for independence and a need for dependence. How confusing! There are pressures to conform on the one hand and admonishments on the other to be different; and accompanying this bewildering confusion is an overpowering need for approval. The setting is ripe for stress, and this inner process of struggle often bubbles over or simply explodes. Counselors must be sensitive to this process and should be actively involved in providing group counseling experiences for adolescents that will match the inner dynamics of their struggles with an equally dynamic process of therapeutic interaction.

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CHAPTER 11

FILIAL THERAPY, FAMILIES, AND RELATIONSHIP GROUPS

FILIAL THERAPY

Parents in our society are experiencing increasing difficulty in maintaining the kind of family relationships and atmosphere that are conducive to the healthy development of each member of the family. How parents feel about themselves, their sense of adequacy as a person and a parent significantly affects their interaction with their children and thus their children's development. Parents need assistance in learning skills which encourage the development of positive parent-child relationships and which will in turn positively impact parents' perceptions of themselves as parents. To assume that most parents already know what these skills are and how to utilize them is not borne out by fact or experience. Relatively little effort has been put forth in our society to teach parents how to interact with their children in facilitative and therapeutic ways. According to Landreth (1991, p. 335), "Children need time for emotional sharing with their parents, and parents need to know how to respond in facilitative ways if the necessary relationship is to develop." Filial therapy, which trains parents in basic child-centered play therapy skills, is unique among parent training programs in that the objective of filial therapy is to train parents to become therapeutic agents in their children's lives.

Historical Development of Filial Therapy

Although filial therapy is a relatively recent development in the field of mental health, precedents for training parents to be therapeutic agents in their children's lives can be traced to the early part of the 20th century.

Freud (1959), in the early 1900s, served as the therapeutic consultant to the father of a 5-year-old phobic child in the famous case of "Little Hans." Freud provided instruction to the father for having play sessions at home, and would later interpret the child's play in sessions with the father. Baruch (1949) advocated parent-child play session at home for the purpose of enhancing communication and improving the parent-child relationship. Natalie Rogers-Fuchs (Fuchs, 1957), with the counsel of her father, Carl Rogers, conducted home play sessions with her daughter based on the writings of Virginia Axline (1947). Fuchs reported positive changes in her daughter, who had been experiencing emotional difficulties related to toilet training. In addition, she noted positive changes within herself. Moustakas' (1959) description of home play sessions was one of the earliest: "Play therapy in the home . . . is a way through which the child opens himself to emotional expression and in this process releases tensions and repressed feelings" (p. 275). These early experiences of parent-child play interactions differed from filial therapy in several ways: The parents (a) did not participate in regular training and supervision from a professional, and (b) did not share their experience in a support format (Landreth, 1991).

In the early 1960s, Bernard Guerney recognized the burgeoning demand for and unavailability of mental health services for children and families and developed an innovative treatment methodology based on training parents in basic child-centered play therapy skills to treat their own emotionally disturbed children.

Landreth (1991) expanded on this concept emphasizing that even parents whose children are not suffering from adjustment problems can benefit from learning how to relate more effectively to their children. The objective of this approach is to help the parent become the therapeutic agent in the child's life by utilizing the naturally existing bond between parent and child, thus the term "filial" therapy (B. Guerney, Guerney, & Andronico, 1966). Typically, parents are trained in a small group format to use child-centered play therapy principles and skills as practiced by Axline (1969), Ginott (1965), Landreth (1991), and Moustakas (1959). These skills are implemented in special weekly home play sessions with their own children. Combining a support group format with didactic instruction provides a dynamic process that gets filial therapy training apart from other parent training programs, the majority of which are exclusively educational in nature and behaviorally oriented.

Why Use Filial Therapy?

The primary source of children's maladjustment can presumably be attributed to interpersonal relationships within the family and to patterns of these relationships. The underlying rationale for the use of filial therapy is based on the hypothesis that if parents can be taught to assume the role of therapist, they can conceivably be more effective than a professional because the parent naturally has more emotional significance in the life of the child. The filial therapy approach enlists the parent's participation as a key player in assisting the child, thus encouraging parent's motivation to be helped and to be of help with their child. Unlike traditional therapy where parents may feel guilty as the cause of their child's problems and threatened by the therapist's relationship with their child, filial therapy appeals to the parent as an ally, an essential partner in the child's improvement. When parents feel valued and supported, they are more likely to support a child's therapy, rather than sabotaging it.

The difficulties parents experience in learning to utilize the therapeutic role and skills being taught may stimulate significant issues that may serve as a catalytic force for insight and personal growth for all members of the training group during the group discussion process. As parents improve their observational skills, develop a genuine interest in their child's needs, and become more sensitive to their child's emotional messages, they may gain a greater understanding of their child and more realistic expectations for the child.

As parents learn to communicate this enhanced genuine interest, attention, and sensitivity to their child, an improved self-concept, an increased sense of security, and a decrease in aggressiveness by the child may be expected. The parents' success in utilizing the prescribed therapeutic role should have an effect far greater than a therapist could achieve by doing the same thing. These therapeutic attitudes and interpersonal skills acquired by parents can be utilized by parents to help all their children fulfill their potentials and to maintain their progress long after the formal training has ended. Thus, the interpersonal dynamics of the entire family system are positively affected (B. Guerney, 1969).

Unique Aspects of Filial Therapy

Filial therapy is unique among parent training programs in focusing on developing and enhancing the parent-child relationship, as opposed to correcting or changing behavior problems. The means for achieving these goals include play, which is recognized in play therapy as the medium through which children communicate. This is in contrast to other parent training programs, which are based entirely upon verbal communication. Filial therapy creates an opportunity for the child to be actively involved in the process, rather than just having the parents apply new skills to the children.

The skills learned in filial therapy training are employed by the parents in weekly 30-minute structured play sessions with their children. Requiring the skills learned to be practiced only once a week avoids the usual parent training approach of overwhelming the parent by requiring global parenting changes in all interactions with their children. The filial skills, however, are readily generalizable to parent-child relationships outside the special play times as the parent feels comfortable to do so. This helps to ensure a successful experience for the parent and is thus reinforcing to the utilization of the skills learned in the training sessions.

A major component of filial therapy is the supervision of the parent-child weekly special play sessions either through live demonstrations by the parents or via videotapes parents make of their home sessions. This supervision component of the training process also sets filial therapy apart from other parent training programs. Supervision of counselors-in-training is considered crucial to the development of therapeutic skills, and is likewise considered crucial for parents learning new skills in building relationships with their children. If parents are not able to demonstrate acquisition of the skills being taught, then additional training can be applied.

Objectives of Filial Therapy

The primary objective of filial therapy is to build and enhance the parent-child relationship. Van Fleet (1994) posited several overall aims of the filial therapy process: "(a) eliminate the presenting problems at their source, (b) develop positive interactions between parents and their children, and (c) increase families' communication, coping, and problem-solving skills so they are better able to handle future problems independently and successfully" (p. 4). Within the framework of these general objectives, there are goals or objectives for both children and parents within the process.

Landreth (1991) proposed several objectives for child-centered play therapy which also apply to the filial therapy process. Filial therapy helps the child

1. develop a more positive self-concept,
2. assume greater self-responsibility,
3. become more self-directing,
4. become more self-accepting,
5. become more self-reliant,

6. engage in self-determined decision making,
7. experience a feeling of control,
8. become sensitive to the process of coping,
9. develop an internal source of evaluation, and
10. become more trusting of self. (p. 80)

The fact that problem issues between the parent and child are being addressed as opposed to a therapist and child, may in fact reinforce the development and fulfillment of these objectives.

Equally important objectives of filial therapy are those pertaining to the parents. Parents are affirmed and empowered in filial therapy, which in turn creates an opportunity for their children to be affirmed and empowered. As children observe their parents' increased self-confidence in their efficacy as parents, they feel secure and empowered themselves. Filial therapy helps parents

1. develop a more positive concept of self as a parent,
2. recognize the importance of play in the lives of their children,
3. increase self-confidence in parenting abilities,
4. decrease feelings of chaos and frustration,
5. develop a wider array of parenting skills,
6. assume a greater level of responsibility in the parenting of their children,
7. experience a feeling of control,
8. increase levels of empathy and acceptance of their children, and
9. develop patience.

Structure

The structure of the filial therapy training sessions and parent-child play session is to establish and enhance a therapeutic relationship. Although the relationship between the parent and child would not be considered "therapeutic" in a clinical sense, the intent is for the parent to serve as the therapeutic agent of change in the parent-child relationship.

An established structural component of the filial therapy process is the training and qualification of the filial therapy trainer. Since filial therapy is based upon the foundational skills of child-centered play therapy, the filial therapy trainer must be a trained and experienced play therapist. Van Fleet (1994) suggested several principles central to filial therapy training. First, filial therapists must recognize the importance of play in child development. This includes a consideration of play as the primary means by which children communicate and through which children can be understood. Second, filial therapists must believe that parents are capable of learning the necessary skills to conduct child-centered play sessions with their own children. Third, filial therapists must have a preference for educational versus biological models of evaluation and treatment.

The filial therapy training model was originally developed and designed for use with groups of parents. Although the specific skills learned in filial therapy can be taught on an individual basis, there is no substitute for the shared emotional experience and vicarious learning that occurs within a group setting. It is imperative, therefore, for the filial therapy trainer to be skilled in group therapy as well as play therapy skills. A filial therapy training group normally consists of six to eight individual parents or three to four couples. A larger number of parents interferes with group process and makes it difficult to provide the necessary supervision of the parents' play sessions.

The filial therapy training model developed by Landreth (1991) meets weekly for 2 hours each session for 10 weeks. This is considered to be the minimum amount of training necessary for parents to be trained and supervised adequately and for proper support to be extended to the parents, who may be dealing with emotionally charged issues with their children. While 10 sessions is a minimum for filial therapy training, it is often difficult to get parents to commit for longer periods of time in today's busy lifestyle. The expense of participating in a longer training schedule is also a significant factor.

Since discussion and interaction are considered crucial to the training process, the facilitator should not cast himself or herself as the "expert," as this tends to inhibit parents from volunteering their own solutions. Questions are turned back to the group, and possible solutions are generated through lively discussion. Handouts and homework assignments are given at each session, and are reviewed at the beginning of each subsequent meeting. Homework reinforces the training, and reviewing the homework reinforces the material covered in the assignments. The handouts include general information about play therapy, materials on limit setting, discipline, and other parenting subjects. Homework assignments include worksheets on recognizing and responding to feelings, employing reflective communication, engaging in appropriate limit setting, etc., as well as assignments to put together the filial therapy toy kit, select and prepare a time and place for the play times, and conduct the sessions. Parents should be encouraged to ask questions and take notes. A major focus of the training sessions is the supervision and feedback the parents receive. Although it is not possible to give a step-by-step delineation of each session here, the following is a summary of Landreth's (1991, pp. 345–348) session structure:

Session 1. Parents introduce themselves and the child of focus. Parents should be encouraged to conduct the special play times with the child that is most in need of an enhanced parent-child relationship (this will be, of course, the child exhibiting adjustment difficulties). All play sessions with each child should be conducted by the same parent, as alternating between parents sets up potential confusion and conflict. The purpose of the training is discussed, role playing is employed, and homework is given. The focus is primarily upon sensitizing the parent to the child's emotions and the use of reflective listening which is modeled in role playing situations.

Session 2. Homework is reviewed, and role playing continues, with the therapist modeling empathic responses. A videotape is generally shown of the therapist conducting play therapy (it is advisable to show a tape of yourself, not another therapist) or a live demonstration is done with a parent's child. Parents are given a list of toys to use for the special play times. The therapist demonstrates each toy and discusses the purpose for inclusion. The toy kit is essentially similar to the toy list in the section on play therapy in this text. Homework is assigned, which includes putting together a toy kit and selecting a place for the play session.

Session 3. Homework is reviewed (parents report on toys and session location selected). Another videotape of the therapist conducting a play therapy session is shown or a live demonstration is given. The homework assignment is to make a "Do Not Disturb" sign with the child for use during the play session, and to have the first play session. Parents are encouraged to adhere to the following rules during the play times:

Don't

1. Don't criticize any behavior.
2. Don't praise the child.
3. Don't ask leading questions.
4. Don't allow interruptions of the session.
5. Don't offer information or teach.
6. Don't preach.
7. Don't initiate new activities. (These first seven are taken from L. F. Guerney, 1972.)
8. Don't be passive or quiet.

Do

1. Do set the stage.
2. Do let the child lead.
3. Do track behavior.
4. Do reflect the child's feelings.
5. Do set limits.
6. Do salute the child's power and effort.
7. Do join in the play as a follower.
8. Do be verbally active.

Session 4. Parents give reports of the first play session with supervision and feedback from the therapist. The focus is on the parents' feelings about the experience. A videotape or live demonstration of a parent-child play session is viewed with feedback from the therapist and the rest of the group. Another parent is asked to videotape their next session. Every parent should have at least one session videotaped and reviewed in the group.

Session 5 through Session 9. Following approximately the same format, the parents report on their play session with supervision from the therapist and feedback from the group. Homework assignments and handouts are given each session. Training and role playing continue. The parents will begin to generalize their experiences and skills outside of the play time. Limit setting is discussed in more detail.

Session 10. Parents report on their play sessions, a videotape is reviewed, and the training process is reviewed and evaluated. The therapist shares notes from the first session of the parents description of their child to reference the change that has occurred. Parents or children requiring additional intervention are scheduled for further assistance.

Clientele

An important aspect of the structure of filial therapy involves the selection of parents. While it is advisable to screen out parents who have substantial emotional problems themselves (severe depression, psychosis, etc.) from filial therapy training groups, the training benefits parents from all situations. Likewise, filial therapy is appropriate for parents of all children, not just children who are experiencing emotional and behavioral difficulties. Successful filial therapy training has included many parent and child populations, as noted below in the research section, as well as with grandparents, parents of teenagers, first-time pregnant parents, older siblings, etc. It is clear that no families are exempt from occasional disruptions, such as the birth of a new child, change of employment, death of a friend or relative, etc. Any of these experiences can cause some level of anxiety or depression in a child, which in turn leads the child to act out. A parent who has been trained in filial therapy will most likely look beyond the behavior to the emotional need being expressed as opposed to immediately seeking to eliminate the undesirable behavior.

Research

Considerable research has been conducted on the Guerneys' model (1966) and on a shorter, 10-week model developed by Landreth (1991) validating the efficacy of filial therapy with various populations of parents and with various populations of children. Glover (1996) has provided a summary of the research in filial therapy:

> One of the earliest studies on filial therapy was compiled by Oxman (1973). After a 12-month treatment period, 51 mothers, whose children had been diagnosed as emotionally maladjusted, reported a decrease in the number of problem behaviors displayed by their children. These mothers also described their perception of an ideal child. Both results were significant as compared to a control group of 71 mothers, whose children displayed normal behavior with typical childhood problems, who did not participate in the training.

Sywulak (1978) conducted a study in which the participants served as their own controls during a 4-month waiting period. Participants in the study were interested families who had referred themselves or had been referred to the Individual and Family Consultation Center of Penn State University. The group included 13 mother/father pairs and six single mothers. The study included process data as well as pre- and postdata in that the participants were asked to complete measurement instruments 4 months prior to training, immediately prior to training, at a 2-month midpoint during training, and finally after 4 months of training. Significant gains in parental acceptance were reported at the 2-month midpoint rating. That increase was maintained after 4 months of training. Both the Filial Problem Checklist and the Wichita Parent Check List showed significant decreases in reported child problem behaviors after 2 months of training. That decrease was maintained after 4 months of training.

Later research (Sensue, 1981) determined that the gains made by participants in the Sywulak (1978) study were maintained after both a 3-month and a 6-month follow-up. In addition, a comparison group of parents matched for age, gender, socioeconomic status (SES), and education whose children were considered to have normal behavior with typical childhood problems reported problem behaviors that were not significantly different from those reported by parents who participated in the filial therapy training.

Payton (1981) conducted a study in which both parents and paraprofessionals who received 12 weeks of filial therapy training were compared to a control group who did not receive training. Those parents trained in filial therapy showed significantly higher scores on the Herford Parental Attitude Survey Form than either the paraprofessional or the control groups. Parents trained in filial therapy also reported a significant improvement in their children's behaviors as compared to either the paraprofessional or the control group. No change was reported in the children's self-concept for any of the groups.

Lebovitz (1983) contrasted a group of mothers who had received filial therapy training with a group who conducted supervised play sessions with their children. Classmates of children in both of these treatment groups were evaluated by their teachers as a further comparison. This study consisted of a 10-week treatment program with a follow-up evaluation 2 months later. Mothers' filial therapy skills were measured and change was assessed by parent, teachers, and independent observers. In both filial therapy and play session group programs, children demonstrated proportionately fewer problem behaviors in the classroom than did a sampling of their classmates; however, this was not maintained at the 2-month follow-up. The filial therapy group exhibited a proportionately greater decrease in problem behaviors than did the other groups. Process research revealed that filial therapy group mothers communicated more acceptance of their children's feelings, allowed their children more self-direction, and demonstrated more involvement with their children than did mothers in the play session group. Children in the filial therapy group exhibited a greater decrease in dependence than did children in the play session group. Parents in each group reported that they became more accepting of their children.

Glass (1987) found that filial therapy significantly increased the parents' feelings of unconditional love for their children and significantly decreased the parents' perception of expressed conflict in their family. In addition to the statistically significant results, there were some important trends which were mentioned as directional conclusions. Filial therapy may be an effective treatment for increasing parents' self-esteem than children's self-esteem, may be effective treatment for increasing closeness of the parent-child relationship without altering the authority hierarchy, may influence the family environment, especially in the areas of expressiveness, conflict, independence, intellectual-cultural orientation, and control, and may be an effective treatment for increasing parents' understanding of the meaning of the children's play.

Findings in a case study conducted by Packer (1990) showed that after 10 weeks of filial therapy training the parents perceived themselves as possessing skills which could effect positive changes in the behavior of their child. Documented gains for the child in the process of filial therapy were reduction in temper tantrums and a growing ability to control escalation of rising emotions in both the home and the child care setting, and acceptance of the father as an authority figure in the presence of the mother.

Although Glazer-Waldman (1991) found no significant difference between pre- and posttest measures of acceptance and anxiety for parents of chronically ill children, all five parents in the study reported positive change in themselves and positive change in their children. A comparison of scores on the measures of anxiety found parents' perceptions of their children's anxiety to be more closely matched to children's anxiety scores on the posttest.

Lobaugh (1992) studied the effectiveness of a 10-week filial therapy model on increasing incarcerated fathers' acceptance of their children and reducing the stress they experienced as parents. The fathers in the group significantly increased their acceptance of their children on all four subscales of the Porter Parental Acceptance Scale and significantly reduced their stress as a result of the training. They reported significantly fewer problems in the posttest checklist. In addition, the children of the group parents significantly increased their self-concepts as a result of the training.

Utilizing ethnographic methodology, Lahti (1993) revealed that the essential nature of the training process focused on balancing a didactic component with a group counseling format, providing an atmosphere conducive to personal exploration along with teaching parenting skills. The findings revealed an interrelatedness between the beneficial and the motivational components. The play sessions facilitated change by permitting parents to be agents of change for short periods, which appeared to reduce their anxiety while learning. Parents reported gaining objectivity, feedback from others, and stimulation to refine skills through reviewing videotaped sessions. Changes in parents included increased confidence and feelings of personal power, reduction in the degree of parental control and responsibility, and increased awareness of personal and children's needs. Closer parent-child and marital relationships were described and characterized by increased and enhanced communication, more realistic expectations, and less friction. The children's changes included increased and enhanced communication, increased responsibility for actions, decreased withdrawn and aggressive behavior, and increased feelings of happiness.

Bavin-Hoffman (1994) examined the audiotaped interviews of 20 married couples who had participated in the 10-week model of filial therapy training. Data collected in a phenomenological manner revealed the recurring themes of improved communication and behavior. Parents reported increased unity, parental confidence, understanding of play, and acceptance of their children.

In research involving single parents in a 10-week model of filial therapy training, Bratton (1994) measured significant increases in single parents' empathy toward their children, acceptance, allowing self-direction, and involvement. Significant increases in respect for a child's feelings, a child's unique make-up, a child's need for autonomy, and unconditional love were also measured. Overall parental stress decreased significantly as well as perceived problems of child behaviors.

Harris (1995) found a significant change in 9 of 13 hypotheses tested for a group of incarcerated mothers who followed a condensed version of the 10-week filial training model. Parents met twice weekly for a period of 5 weeks. Significant increase was measured in the level of mothers' empathic interactions with their children, a significant increase in mothers' attitude of acceptance toward their children, and mothers reported a significant reduction in the number of problems with their children's behavior.

Chau (1996) investigated the effectiveness of filial therapy with Chinese parents. After a 10-week filial therapy training program, the Chinese parents who received training had significant changes over the Chinese parents in the control group who did not receive training in the areas of increased level of empathic interactions with their children, increased attitudes of acceptance toward their children, and reduction in their level of stress related to parenting.

Glover (1996) conducted a study to determine the effectiveness of a 10-week filial therapy training model as an intervention for Native American parents and their children residing on the Flathead Reservation in Montana. Children who participated in filial therapy special play sessions with their parents significantly increased their level of desirable play behaviors with their parents. Although the measures of parental acceptance, parental stress, and children's self-concepts did not show significant change, there were positive trends on all measures.

FAMILIES

Some consider families to be among the purest kinds of groups in that they occur naturally in our culture. Group counseling for families typically centers on a problem member or identified patient. A "different" family member frequently provides the impetus to enter some kind of therapy. Family group counseling can occur with one family or with several families together. The larger the group, the more structured activities are usually necessary.

Intrafamily issues that normally emerge are those that might be expected in most groups. The major difference is that families are usually living together under the same roof so the potential for conflict is multiplied. Families are concerned with issues of communication, cooperation, trust, competition, and support. Additionally, developmental issues that involve guidance and leadership, independence, risking and growing, and problem solving typically will emerge in group sessions.

Goals and Purposes

Two major focuses in family groups are involved with resolving issues that cause stress and conflict among members, thus resulting in what is commonly referred to as the "dysfunctional family," and secondly, an educative function that is both remedial and preventive in nature in that it is designed to equip the family with the necessary skills to manage problems of living on their own.

Selection of Members

Most family practitioners prefer to work with an entire family when significant dysfunction exists. This gives the group leader an opportunity to observe and intervene with the interaction patterns that have developed uniquely with that family. Also, family roles become apparent and provide a rich source for intervention as they impact upon intrafamily relationships and the manner in which conflict is dealt with and problems are solved.

Time frames for severely disabled family units may be open ended. Meeting once per week is usually satisfactory but the duration is less predictable. Families that are more highly motivated and have resolved some of the more basic issues can often profit from a time limited structure of from 10 to 12 sessions where the focus is on improving living skills.

Intervention Strategies

With most families the therapeutic function of the group needs to be attended to initially. This involves enlisting the various members in the process, developing trust in each other and in the therapist, and examining the way that family members interrelate. In many, it will involve focus upon the presenting problem (or person) with behavioral methods of reducing conflict and eliminating abusive relationships.

As members become involved in the group and family positions are reaffirmed or redesigned, *role-reversal techniques* can be effective in helping family members appreciate others' points of view. Focus should be upon *listening skills*. Compromise and *cooperative tasks* provide the family with needed awareness and skills. Bonney and Gillis (1986) proposed a model that includes *adventure activities* and *physical activity* to challenge families in groups.

Finally, creative *homework* assignments that involve the family can help keep the therapy a focus between sessions.

RELATIONSHIP GROUPS FOR COUPLES

The preponderance of couples who seek group counseling for their relationship are in what could be considered traditional marriages that include a man and wife. Some seek premarital counsel and others are living together. We believe couple counseling in groups is appropriate for any two people who are already in or are in the process of defining themselves in a committed relationship. Most couples will seek counseling because their relationship is in disrepair or at the least, is not approaching the expectations they may have initially had. In some cases couples are looking to strengthen, enrich, or renew their relationships.

Goals and Purposes

The very fact that a couple seeks professional intervention in their relationship is normally a very positive sign that they are motivated to explore the possibility of enhancing their time together as a couple. Even in cases where the relationship may have deteriorated to the point of ambivalence on the part of one or another of the partners, the act of committing to a group is encouraging and represents a reaffirmation of energy devoted to making it better. Corey and Corey (1987) listed several themes that regularly emerge in their work with couples in a weekend retreat format. They include

> how to remain separate individuals while benefiting from an intimate relationship,
>
> the myths about marriage and how they lead to unrealistic expectations,
>
> sex roles as they affect a marriage,
>
> alternatives to traditional marriages,
>
> open versus closed marriages,
>
> the importance of commitment in a relationship,
>
> how to reinvent a relationship,
>
> sex and loving in intimate relationships,
>
> the sources of conflict in a marriage,
>
> how to detect communication pitfalls and learn to express one's thoughts and feelings directly, and
>
> how to deal with stress. (p. 322)

Selection of Members

Depending upon the format, counseling groups for couples can range from the traditional 8 to 10 persons to several dozen or more in a structured weekend or retreat format. Obviously, with larger numbers the big group would be broken down for small group interaction. In the weekend configuration a good deal of general information can be given to the large group. Small groups can be used to personalize the material, discuss specific issues as they relate to couples, and practice skills that have been modeled in the large group. Fixed duration groups seem to be the most prevalent format due, at least in part, to the more structured and educational nature of the material presented.

Intervention Strategies

One of the primary advantages of the group in working with couples is that it seems to have a socializing impact. According to George and Dustin (1988):

> Within a group setting, spouses appear to be more likely to accept responsibility for talking openly about their own concerns, rather than simply criticizing their mates. They also seem to make greater progress in learning to listen to their spouse, to communicate, to make requests, and to share warmly private feelings. In addition, marriage counseling clients within a group learn to recognize the early signs of conflict, to help each other reveal early what is annoying, and to cooperate with each other in resolving conflicts. (p. 144)

Clearly, sensitizing the couple to their unique methods of communication will be a primary focus in the early stages of the group. Focused *bibliotherapy* and *informational lecturettes* centered on common problems and processes within a relationship are an efficient method of broadening a couple's appreciation for the complexities of making a relationship work.

Contracting with couples to give up or modify relationship defeating behaviors from the catastrophic (suicide, insanity, divorce) to the subtle (hobbies, work, recreations) will redirect energy into the relationship and provide a basis for moving from existing together to a more enhanced and sharing partnership.

Most couples get stuck in power struggles that occur when their initial illusions of the relationship gradually give way to the reality of daily life. Discovering that the illusions were created by their own internalized projections helps a couple move beyond the power struggle to a reromanticized and working relationship.

SUMMARY

Filial therapy is a unique approach to enhancing parent-child relationships and is perhaps one of the most dynamic parent training programs in that it incorporates dimensions of education, training, group counseling, and supervision. The success of parents in learning basic child-centered play therapy skills and in utilizing the prescribed therapeutic role in special structured play sessions with their own children in their home setting has been thoroughly documented. It is clear that parents can become therapeutic agents in the lives of their children in much the same way as the counselor or play therapist. Perhaps one of the most encouraging aspects of this approach is that parents can be trained in as few as 10 sessions. Filial therapy is appropriate for parents of all children, not just children who are experiencing emotional and behavioral problems. This chapter also has presented suggestions for utilizing the dynamics of the group counseling process with families and with groups of couples focused on the building of relationships.

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CHAPTER 12

GROUP COUNSELING WITH SPECIFIC POPULATIONS

This chapter covers some of the special groups concerned primarily with adult membership. Although the sampling in this chapter is certainly by no means exhaustive, the goal is to present a representation of some of the more commonly encountered groups for mature individuals. We begin with a discussion of groups for women, then the elderly, and present a framework for differentiating among the many kinds of "self-help" groups that are proliferating in our culture. Finally, we examine and highlight a few of these special interest groups.

GROUPS FOR WOMEN

One of the legacies of the women's movement has been a clearer understanding and appreciation for the special and unique needs of women in our culture. As women continue the struggle to define themselves and their many roles, a concurrent emergence of single-issue or special-focus groups is evident. Coping with the process of change in a society that puts a high premium on perfectionistic performance has contributed to a need for groups to deal with women's stress, career decisions, the superwoman myth, anger and conflict, relationship dependency, weight control, eating disorders, and recovery from various chemical dependencies. In short, as women have won fuller membership in our society, they have consequently faced all of the attending stresses and anxieties, plus a few that are unique to them.

As women attempt to balance traditional roles of wife, mother, and family manager with demanding professional lives, the expectation can be an increase in job dissatisfaction, troubled relationships, and even illnesses.

Goals and Purposes

The relative absence of constructive role models for women provides a strong rationale for support groups that allow members to share some of their universal concerns and anxieties as they attempt to find balance in their priorities. Frequently a healthy procedure is for women to learn that others share their fears, and that no one is perfect. The development of a social support system and the establishment of the belief that women are in control of their own lives are important learnings that can grow out of the group.

A common problem that women share with many overly responsible and achieving people is that they have very little idea of how to take good care of themselves. They often have become accustomed to and defined themselves as being helpers of others (husband, family, colleagues, etc.) frequently at their own expense. This particular personality often suffers from a lack of assertiveness so that they only attend to their own needs when all of their responsibilities and obligations to others have been retired! Researchers have remarked that many women find themselves caught between the demands of a relationship and the need for self-definition (Brown & Gilligan, 1992; Jack, 1991). To behave in even a remotely self-caring manner causes guilt.

A group can be a very reinforcing place for women to learn to be "healthily selfish" and take better care of themselves. As they begin to see that they can be better quality partners, caretakers, and coworkers if they also tend to their own needs for reassurance, praise, support, and quality alone-time, they also can provide a stable support system for each other in the group.

Selection of Members

Issue-specific groups will naturally provide for a certain homogeneity of membership. Chronological age and life position will impact on the focus of energy, as women with young children will be concerned with different issues than will those approaching the "empty nest" stage of life. While much can be gained from the experience of others, probably more benefit both to individuals and to group development will occur if a great disparity in age and life concerns does not exist in members selected.

The more generic "growth" group that may deal with global issues lends itself to an open-ended duration. The more issue-specific groups often profit from a time-limited format.

Intervention Strategies

The more issue specific the group, typically the more structured the format will be. Since members share common concerns, the focus can be more defined, which also lends itself to an informational and educative function. *Informational handouts, bibliotherapy, leader lecturettes, brainstorming,* and *behavioral rehearsal* are examples of techniques that can enhance individual learning in the group.

Requesting members to identify their personal goals and agendas helps focus the group and the individual members. The use of *daily logs* to record behaviors tends to help group members obtain personal baseline data on their activities as well as providing an opportunity to become more fully aware of feelings associated with those behaviors.

McManus, Redford, and Hughes (1997) outlined a review of areas to be covered in women's groups that had been described in the literature as follows:

1. impact of gender role socialization (Enns, 1992; Fedele & Harrington, 1990; Jordon, 1994)
2. learning to assess one's strengths, areas for growth, and available resources (Butler & Wintram, 1991)
3. learning self-empathy
4. self-care skills
5. self-trust
6. assertiveness
7. identifying traits of a healthy relationship (Lawler, 1990)
8. personal empowerment
9. identifying and accepting the functional purpose of relationships in each person's life.

These areas or struggles are general enough so that many women would be able to identify with several of them. As such, they can serve as a springboard to more specific and personalized issues.

OLDER ADULTS

The greying of America is a frequently mentioned cultural phenomenon whose time is upon us. The over 60 age group is the fastest growing segment of the American population. The projections for the future, with more effective health care, increased awareness of healthier lifestyles, and the maturation of the baby boom generation is for an even larger group of elderly. This substantial part of the population will require psychological intervention at a rate greater than ever before.

Naturally, not all people over 60 are alike just as all 21-year-old adults are not. Some people well into their eighties continue to lead vital and dynamic lives while some who are much younger have begun to experience some of the losses that occur naturally with age. Aging is often not so much a matter of chronology as it is physical and emotional well being.

Most of the group intervention systems that we will discuss are designed to minimize loss, maintain available levels of functioning, and enhance the lives of those individuals.

Goals and Purposes

Developmentally, older adults must cope with change and loss. Some of the most severe changes and losses occur at times when an individual is seemingly less well equipped to deal with the loss of a spouse and friends, changes in living arrangements, decreased opportunities for social interaction, and the possible loss of physical functioning through illness and disabilities.

For many older persons the aging process is accompanied by a lessening of environmental supports. Particularly for minority elderly, African Americans, Hispanics, Native Americans, and Asian Americans, the problems of aging are exacerbated by poverty, substandard housing, and inadequate services. Additionally, cultural prejudices against the elderly have resulted in stereotypes and beliefs that are referred to as ageism. All of these factors combine to potentially add to feelings of isolation, loneliness, dependency, and despair.

Group counseling can be the treatment of choice for older adults, as it offers many benefits that individual therapy cannot. Socialization and involvement factors alone can help diminish feelings of helplessness and isolation. Reasonable goals for older persons would include improved relationships with others, increases in self-esteem and confidence, and a renewed sense of purpose in life. When working with the elderly, one often gains a sense that a "Hawthorne-type" effect might influence the process. That is, the very fact that they are being "treated" in the group (paid attention to and heard) may account for some increase in interest and functioning.

In general, group leaders should consider keeping goals rather specific and concrete. They should be immediate and short term rather than global and poorly defined.

Selection of Members

Pregroup orientation sessions and, if possible, individual interviews, can help in constructing a group with a reasonable chance for success. As with other populations, some initial enthusiasm might wane as realities become apparent. Potential group members should have a good understanding of why the group is being organized, what will be expected of them, and what they might reasonably hope to gain from the group.

Minimal criteria for inclusion in the group might include

- a desire to be a member of the group,
- being able to physically get to the group with or without assistance,
- being relatively free of severe hearing impairment,
- having a reasonable level of personal cleanliness,
- being relatively alert and able to express feelings and ideas, and
- having a willingness to communicate.

Careful attention should be paid to the time when group meetings are held so as to not interfere with other important activities.

Intervention Strategies

The most commonly used group interventions with institutionalized elderly include the following:

1. *Reality-oriented groups.* The focus of the group is on the present. Repetition of current concerns and facts seek to

stimulate recent thoughts and memory. The orientation and structure of the group are in the "here and now," with the goal of helping members spend more time in the present. Dates, time, weather, food, activities, and current events are subject matter for the groups.

2. *Remotivation groups.* The use of selected topics for the group members to discuss that are appealing helps stimulate group involvement. Goals of the group are to assist older people in becoming re-involved with ideas, feelings, and other people. Music and art are materials that help stimulate the sensory abilities and add to the interest of the groups. Leaders encourage members to become increasingly verbally involved in the group.

3. *Resocialization groups.* Members of these groups might be more severely withdrawn and suffering from memory impairment. The group is relatively unstructured and members are encouraged to talk about the positive experiences in their past. Group members are supported for learning about other group members—their names, interests, hobbies, etc.

4. *Reminiscing groups.* Developed around the concept of life review, this type of group provides an opportunity for older persons to look at the past events of their lives in an attempt to come to some personal resolution. Described in detail by Singer, Tracz, and Dworkin (1991), the reminiscence group differs from resocialization in that the reflections are not limited to positive experiences but may include significant life events that were negative. A warm, supportive atmosphere of trust is developed and confrontation is discouraged. This kind of group is more therapeutic in nature because the content can create intense personal reactions. Leaders need to have experience with these kinds of groups or be under supervision.

Generally groups for the elderly need to be brief and time limited in duration. Ten to twelve weeks is usual. Two or perhaps three sessions per week is useful particularly with reality and remotivation groups. Group leaders will find themselves intervening more frequently with direct, slow, and concrete sentences. An advisable procedure is to pay attention to more complete closure at the end of each session so that unfinished business will be kept to a minimum.

SELF-HELP AND SUPPORT GROUPS

Support groups, mutual-aid groups, leaderless groups, and specific-interest groups are all labels at one time or another attached to a rapidly growing type of group in our society. (The estimate is that during the past decade one-half million groups have developed with 15 million members.)

Support groups are getting more attention in the literature as their need increases. As Nichols and Jenkison (1991) pointed out, support groups can be defined by the homogeneity of the problem, members who recognize the existence of that problem, and are willing to publicly state the stress that qualifies them for membership, and members who speak a common language or share a common ground.

Support groups are usually facilitated by professional leaders. While the goals of support groups differ from traditional therapy groups and self-help groups, many leadership functions tend to be similar. Leaders model appropriate behaviors, link members together, interpret the dynamics of the group, and serve as the primary manager of the group. Goals of the support group include increasing a members coping abilities, increased interpersonal insight, and providing members with structured feedback. Clearly, as the label "support group" implies, a major component of the group will be to focus upon the supportive nature of the cohesive group.

Self-help group leadership is different from support groups in that leaders are typically persons who have "been there." That is, they may be in recovery and are in a position to offer their help to others. Group leaders may have had some formal or informal training in group process and often a professional leader will serve as a consultant to the group. Leaders may be paraprofessionals or peer leaders. A unique feature of self-help groups is that each member is potentially a future leader.

Types of self-help groups tend to fall into one of the following four categories:

1. *Physical and/or emotional problems:* for example, cancer, AIDS, ALS, Parkinson's disease, depression, phobia, and PMS groups.

2. *Addictive disorders:* chemical dependency, relationship addictions, gambling and sexual compulsivity.

3. *Crisis intervention or transition groups:* groups for grief, step-parenting, divorce, rape trauma, and posttraumatic stress disorders.

4. *Environmental support groups:* These groups are organized for family members and others in a position to be impacted by a disease or disorder. Examples include Al-Anon and Alateen, ADD parent groups, Parents of Teens, Co-dependent groups, and groups for male partners as they adjust to sexual assault trauma.

Many local newspapers attest to the burgeoning phenomenon. Extensive lists of local groups and meeting times and places are published weekly. In addition, the National Self-Help Clearing House, 33 W. 42nd St., New York, NY 10036 is organized to provide information about the availability of self-help groups in many metropolitan areas.

With this framework for differentiating among the many kinds of groups available, we will proceed to highlight in the following section a few of the special interest groups.

As we move further into discussions of special populations or issue-specific groups, it may need to be reiterated that the processes and techniques that we elaborate upon in other sections of this book are *generally* applicable to all groups regardless of their focus or particular group composition. At the same time, some groups deserve special attention because of their unique needs and specific problems. As we have observed in previous discussions, children and adolescents will have different developmental concerns than will groups of adults and elderly persons. Additionally, as we point out in this chapter, issue-specific groups such as those organized around chemical dependency, issues of mistreatment and abuse, depression, chronic illnesses, eating disorders, and other addictions or co-addictions often require special knowledge and perhaps even specific intervention and management skills on the part of the group leader.

This section is in no way to be considered inclusive. Even to list the myriad types of groups designed for special emotional problems would be an exhaustive enterprise. One of the major group trends during the past decade has been the evolution of treatment groups for all kinds of functional and organic disorders. It is hoped that those we present here will serve as representative illustrations of some of the groups currently available. From this general framework we will proceed to a discussion of some of the more common and emerging special populations and topics.

PERSONAL GROWTH GROUPS

Often, people who are highly successful in many areas of their lives may experience vague feelings of disillusionment and emptiness in personal relationships with partners, parents, or friends. Some have learned to exist in relationships and have become accustomed to settling for a kind of listlessness, boredom, and acceptance of dull pain.

Interaction with others in a group can provide an effective way for increased personal growth. Since we lead our lives in an interpersonal world, the group can offer opportunities to practice new ways of being with other people. The group allows us to discover how other people see and experience us and to rehearse and prepare to relate effectively to others.

While counseling and therapy groups are not a cure-all for interpersonal needs, they can provide information and skills that can help redirect energy into fulfilling relationships.

Group process often explores emotional differences between men and women. Better insight into these differences can lead to greater objectivity in relating to significant persons in our lives.

The success that a person experiences in a group is often directly related to a willingness to risk self-honesty. Each individual member is responsible for himself or herself, and the contribution made to the total group. Frequently, the relatively safe environment of the group can provide an important personal support system during times when a person may be experiencing stressful periods of growth.

While the group can be a powerful source of growth, there are also risks involved. It requires courage to display oneself to others in an open and transparent manner. In any good group, there will be periods of distress and anxiety as persons in the group struggle to achieve new and more satisfying levels of trust and personal freedom. Some of these conflicts will carry over into a person's life outside of the group. When change happens, it has the potential to change many aspects of our lives.

Even with these cautions, with the aid of your group facilitator, the group can provide enormous pathways to self-insight, self-freedom, and resolution of uncomfortable conflicts.

Goals and Typical Issues in Our Growth Groups

Our ongoing general goals and purposes for every group member are

1. to increase personal freedom and autonomy, while at the same time, and
2. to become part of the lives of others by relating maturely and effectively.

Some of the most usual specific issues that people bring to groups include depression, anxiety, co-dependency, unsatisfying relationships, self-esteem issues, addictions, guilt and shame, loss and grief, fears, and anger—how to express and/or control it.

Characteristic Phases in the Process of the Group

In joining a growth group, the typical steps one needs to take in order to grow include:

Taking Responsibility. A first step in growth is to give up the notion of *blaming* someone or something else for our troubles. While it is normal for children to blame others for things that happen to them, an adult needs to accept personal responsibility. Many people stay "stuck," blaming, pointing fingers, or wringing their hands, doomed to repeat their mistakes over and over again.

Finding New Awareness. As we begin to look inward and explore ourselves instead of blaming others, we can open ourselves up to new insights into our behavior. We are helped in this process by getting feedback and support from other people in the group. The process of self-exploration and discovery probably never fully ends as life continually provides new, challenging situations to stimulate our self-growth. In an awareness level we learn and accept that *we* make choices in our lives that define who we are and how much we will permit ourselves to enjoy life. We are *responsible* for what happens to us and we exert control over our lives!

Learning and Growing. As we learn to trust ourselves and others more fully, we can open the door to new ways of being in our relationships. For example, some group members learn to be more assertive in their daily living. This behavior often suggests that we are committed to our own growth and are learning to take care of ourselves. It is only when we are treating ourselves well that we can give, receive, and enrich ourselves and others in relationships.

Loving and Intimacy. When we decide to accept and trust our imperfect selves we can begin to relate fully to another human being; without games and hidden agendas. The only meaningful way to improve our relationships is to choose ourselves first. When we accept honesty in our lives with no games, we can participate in a reciprocal, growing relationship with another person. Strong relationships require motivation and work, but they can and do happen! Learning to accept, understand, and value others and their differences are some of the things we learn in group interaction.

Recognizing That Groups Are Not a Panacea. They will not cure anything. However, they can provide a consistent, supportive, and stimulating atmosphere for self-growth. Most people enter the group with the expectation of remaining for 9 months to a year. This permits both the individual and other group members to experience maximum therapeutic benefit. Normally there is little lasting value in brief group experiences. If you are willing to invest the self-interest, motivation, and energy in hopes of enriching your life, consider joining a growth group.

Obtaining a List of Specific Rules. Lastly, each group member should be presented with a list of rules specific to that group. They should also be apprised of their rights and responsibilities to the group and other members. Time frames, expectations of members, and termination procedures should be discussed with each member.

Desiring and Being Willing to Interact. A primary requirement for group membership is for the individual to desire and be willing to interact with other people. The member is expected to be verbally active and emotionally available in the group. As member roles become more stable in the group and personal and group boundaries are established and maintained, individual members are free to consolidate and perhaps even redefine their own rights and responsibilities in the group.

Freedom to Leave and Termination Procedures

An informed group member is basic and foundational to the group counseling process. It involves clear and open communication and clarity of issues between the member and the leader both at the beginning and throughout the life of the group until termination. It is highly recommended that group leaders obtain informed consent from each member individually during an intake or screening interview. This sets the tone for open communication regarding all important issues and can be revisited periodically during the course of the group.

Involuntary groups are groups composed of members who have been mandated to attend by some external agency or agent. Reasons for required attendance can vary from a condition of probation rather than incarceration, substance abuse treatment, delinquent behavior, a condition for having a spouse return home or keeping children in the home, battering behavior, or a requirement for retention of a driver's license. Every attempt should be made by the group leader to enlist the mandated client in the group process as fully as possible. A cornerstone to this process is to show these clients the same respect for informed consent afforded a voluntary group member.

Another issue that needs to be addressed early in an involuntary group is freedom to leave. Ultimately, each person must assume responsibility for him- or herself. Some members may be angry because they are being "forced" to participate in the group. An honest confrontation of this issue will impact the direction of the group. Allowing the issue to remain unattended to can result in continuing discontent and a group that is resistant to the growth process. Ultimately, each member must take personal responsibility for his or her own attendance after having assessed the consequences for noncompliance. Group leaders should make it clear that any member has the right to exit the group, according to any agreed upon procedures, after his or her initial commitments have been met.

Risks in Group Counseling. We are well aware that groups can be vehicles for powerful forces that directly impact positive changes for members. The converse is also true. Any intervention system with as many variables at work as a group of human beings can also involve considerable risk to participants. While it might be impossible to list all of the potential risks in a group, the leader has the responsibility to inform potential members of the risks and to manage the group in such a way as to minimize the potential risk or damage to each individual.

Most new members to a group will experience at least a mild anticipatory anxiety until they become comfortable in that space, with these particular rules and procedures and the other members of the group. Some might even fear their own self-disclosure and indeed some may discover previously out-of-awareness aspects of themselves. New knowledge and awareness can sometimes cause insecurity and feelings of vulnerability until the new data are assimilated into a person's concept of self.

As members become more comfortable and adapted to the group process, feedback between members often becomes more pointed and genuine. This frequently happens concurrently with the group members investing more significance in the other members and the group so that the potential hurt and misunderstanding from negatively perceived feedback becomes greater. When a member decides to "bolt" from the group it usually occurs at this stage. This is a time when many members feel more vulnerable to each other and therefore more sensitive to criticism. Leaving the group at this point is a high risk adventure.

Group members should also be advised that as they experience growth and change in the group it will undoubtedly carry over into their personal lives outside of the group. Significant people will begin to notice the changes and these changes can precipitate crises in the outside world. It is not uncommon, as a result of life in the group, for persons to reexamine many of their personal life relationships. This sometimes can result in divorce and/or restructuring or abandonment of relationships. As a result of heightened feelings of affiliation and belonging with other group members, the therapy group sometimes becomes the "family of choice" for the emerging group member.

In so many cases, as members vie for a place in the group they will "extend" or exaggerate personality characteristics in an attempt to defend themselves. Quiet or subdued personalities may become silent and withdrawn. Assertive and initiative personalities may come across as abrasive or rude and tactless. The risk involved in selecting a rigid way of being in the group is that the member might become a scapegoat for the other members. Leaders will work to bring this to awareness so that all may avoid the negative consequences of scapegoating. At one level, scapegoating can isolate and potentially damage an individual member. At another level, the process of scapegoating contains the seeds of destruction for the entire group as it signals widespread insecurity and the need to criticize.

Finally, members should be cautioned about prematurely leaving the group with unfinished group business. Leaving the group when feelings are unsettled and defenses are low often simply adds another puzzle piece of unfinished business to the person's life tapestry. How much more fruitful it would be if all members were to continue to struggle together through the difficulties and learn how to resolve complicated interpersonal problems mutually.

CHRONIC DISEASES

Cancer Patients

Since cancer is such a potentially fear- and stress-producing diagnosis, groups for cancer patients are singled out as an example of interventions with chronic diseases. Complicating this diagnosis is that more than 100 different types of cancer exist from the relatively benign and treatable to those that resist treatment and whose course is volatile and rapid.

Inasmuch as all kinds of cancer are presently second only to heart disease as a leading cause of death in the United States, at least in the foreseeable future, a continuing need will be present to assist patients in dealing with their lives during the course of the disease. Some patients will live for many years with a cancer diagnosis because of continuing medical treatment advances. Approximately 6 out of 10, however, have a prognosis that is potentially life threatening and, as such, qualifies as a chronic disease.

Goals and Purposes. Many researchers have attempted to identify what might be termed a "cancer personality." Is there a personality profile that lends itself to the eventual development of cancer? Most studies have failed to demonstrate that any particular personality type predisposes a person to the development of cancer, but there remains an interest in this area.

Grossarth-Maticek and Eysenck (1996) have proposed the most substantial review and practical research on personality characteristics connected to cancer patients. According to Grossarth-Maticek, Eysenck, and Vetter (1988), certain personality factors pose the greatest threat and the greatest route to treatment of cancer. The research conducted by Baltrusch, Stangel, and Waltz (1988) and Eysenck (1994) identify the cancer prone personality, or "type C" as overly cooperative, appeasing, unassertive, compliant, suppresses conflict, emotions of anger and anxiety, and has intense feelings of helplessness and depression. Working on identifying and modifying the behavior associated with these personality traits can have a therapeutic effect on those dealing with cancer. Grossarth-Maticek and Eysenck (1996) emphasized that group counseling has a preventive and treatment effect on cancer patients.

Most clinicians who work with the chronically ill verify the stage or phase model that victims progress through as they learn to cope with their disease. Most recognizable are the grieving stages proposed by Kubler-Ross (1970). These include (a) denial, (b) anger, (c) bargaining, (d) depression, and lastly (e) acceptance.

In addition to helping the cancer patient deal with the grieving process, Richert and Koffman (1982) through their examination of the literature identified several other issues with which cancer patients must deal. They include the following:

Loss of identity: Feelings of depersonalization as if, in effect, they *become* the diagnosis of cancer. Dazed shock, numbness, and apathy often result in an inhibition of action.

Loss of control: Many patients feel powerless over the course of the disease so that they must deliver their personal power to the bewildering health care system. Also, because of the nature of some treatment, often a real loss of control occurs over one's bodily functions.

Loss of social support: Because of the demands of the disease treatment, many patients find their social support systems shrinking just at the time when they need more. Feelings of abandonment and loss are almost inevitable.

Loss of time: Facing death and coming to grips with one's own mortality suddenly becomes more immediate and real. Living with what can be termed permanent uncertainty regarding the future places a much greater need to deal with plans and also an emphasis on living fully in the present.

Selection of Members. The suggested number is 7 to 10 cancer patients in a counseling group that is either of fixed duration or more open ended. Weekly meetings seem most plausible inasmuch as there may be heavy treatment demands on the patients.

Intervention Strategies. Telch and Telch (1986) conducted a study comparing a structured counseling skills acquisition group with a more traditional supportive counseling group. The skills group was taught *relaxation and stress management, communication and assertion, problem solving, feelings management,* and *pleasant activity* planning. The findings lent strong support for the skills training approach as an enhancement of patients' psychological and psychosocial adjustment to their illness. They reported more satisfaction related to work, social activities, communication, and coping with medical problems.

Achterberg and Lawlis (1980) studied cancer patients who had significantly outlived predicted life expectancies. They concluded that a patient's emotional experience can impact bodily functions with regard to onset, course, and treatment of the disease. They presented a composite personality profile for the successful cancer patient characterized as follows: (a) refusal to give up, (b) flexibility, (c) no physical decompensation when under stress, (d) rejection of the invalid role, (e) nonconformity, (f) aggressiveness, (g) assertiveness, (h) high ego-strength, (i) self-reliance, (j) creativeness, (k) past history of success, (l) a limited belief that "powerful others" were in charge of their well being, and (m) insightfulness (p. 122).

Typically, cancer patients need to adjust to their illness, as well as attendant family and sexual problems. Additionally, they may have to cope with the adverse reactions to various chemical and radiation therapies.

Group intervention with chronically ill patients would suggest a *combination of structured informational content coupled with a supportive and encouraging group atmosphere.*

AIDS and Counseling Groups

In the years since AIDS was initially recognized, it has spread in such a fashion that it now touches virtually every corner of our culture. Since it is presently incurable, and the HIV virus so insidious, it will continue to be a major health problem into the foreseeable future. While researchers are at work on many fronts in an attempt to discover methods to control and prevent the disease, its prevention and eradication will require enormous resources before a solution is found.

Our intention in including a section on AIDS is to help sensitize readers to the present and continuing need for mental health professionals to provide support services for people with AIDS and their families and friends. Secondly, our opinion is that counselors have a responsibility to be as well informed as possible about the mechanical aspects of the infection, how it is transmitted, and what segments of the population are most at risk, so that they can be educators of correct information and dispellers of misinformation and rumor.

The Surgeon General of the United States has issued a very comprehensive and authoritative brochure that is quite readable.

AIDS information is readily available to the counselor through printed material and workshops. Since information and statistical data are accumulating almost daily, these materials are not presented here.

Currently, some prevailing *myths* are associated with AIDS.

Myth 1. *AIDS is a disease that only affects large metropolitan areas such as San Francisco and New York City.* While these cities have been the major areas of reported cases of HIV infections, the rest of the country is rapidly catching up. Since AIDS is a disease that spreads from person to person, it has become a universal problem affecting all segments of society.

Myth 2. *AIDS is a disease that is limited to male homosexuals and intravenous drug users.* While homosexual intercourse and reused and contaminated needles are major conveyers of the infection, the HIV virus has infiltrated all segments of the population and any sexually active person is at risk of contracting the disease. Presently in the United States the ratio of male to female cases is roughly 10 to 1. However, in parts of Africa and the Caribbean area, heterosexual transmission is predominant with closer to one to one male/female ratios.

Myth 3. *Since I'm in a monogamous sexual relationship with a partner whose sexual history I trust, I won't be personally impacted by AIDS.* The best method of personal protection form the virus remains knowing one's partner and practicing responsible sex. Nevertheless, we will all be impacted by the spread of AIDS because of its enormous economic and social dimensions. To prevent and/or cure AIDS will require large sums of money for research and dissemination of accurate information. All strata of society have felt the impact of AIDS economically and in lost productivity.

Taboos and Stigmas. AIDS is frequently coupled with the words crisis and epidemic. With some justification it has been compared to the bubonic plague epidemic. Never before have health care providers and mental health workers been confronted with treating a disease and patients that are potentially lethal. It raises serious questions within all support workers. AIDS has a way of activating both courageous and compassionate acts and some of the most mean-spirited and destructive behaviors in our culture. Not long ago a colleague shared a story with us of an AIDS patient in the final stages of the disease. As he lay in his hospital bed fighting for his life he was confronted by members of his own family—accused of a deviant lifestyle and excoriated for the shame he had visited upon his family. He died that very night. We'd like to think that this was an isolated example but the evidence suggests otherwise. In ignorance and shame, families are rejecting their own, leaving them to suffer and die in their own isolation.

Many people in the United States with AIDS are burdened with the double stigma of a sexual lifestyle that runs contrary to the mainstream along with a frightening terminal disease. Some homophobics have seized upon the AIDS phenomenon as an opportunity to strengthen their anti-gay positions from both social and religious points of view. Mental health workers will, of necessity, be in the forefront in creating supportive intervention systems to assist people with AIDS as they attempt to reconcile their disease and make order of their lives.

Counselors will find a need to inspect their own biases and value systems. Current and accurate information regarding the virus is imperative. Counselors will need to keep up to date with advances in knowledge. Additionally, we will need to assess our own values and honestly look at beliefs that may interfere with and inhibit our ability to assist AIDS patients and their families in an objective and constructive way.

Specifically, chronic and terminal diseases will cause the helper to get in touch with his or her own feelings regarding mortality. Standing by in a supportive manner while we watch young people die before their time will arouse serious questions regarding the purpose of life. Personal feelings of frustration and fear will surface as helpers deal with hopelessness, suffering, and despair.

Helpers will need to grapple with their own needs to "fix things" in the face of unsolvable injustice. The moral outrage and hostility may be focused on the helper as patients struggle to make sense of the disease. How we respond to anger and despair in others will impact on our ability to support and encourage them.

Finally, we'll need to examine ethical questions related to protecting our clients while at the same time protecting potential sexual partners from infection. How can this best be done and what are the helpers' responsibilities?

Issues. Models are beginning to emerge as helpers direct groups of AIDS victims in community agencies and other socially supportive settings. Our synthesis of the literature and reports from our students in groups that we have supervised suggest that AIDS support groups will deal with the following issues as patients experience the journey.

Despair. Newly diagnosed persons will exhibit the greatest need for the group as they begin to deal with initial support from feelings of isolation and helplessness. For the first time they may come fully in contact with their own vulnerability. The group, in being accepting and noncritical, can provide validation for the new member's feelings and behaviors.

Denial. Some helpers will find this stage most difficult to work with. As the AIDS client begins to experience a loss of social contact and support systems, some will become angry and hostile, sometimes displacing these feelings onto the group leader. They may irrationally strike out against the very persons who want most to support them as they prepare to confront their own fears. Accepting this behavior without sanctioning it will provide the atmosphere for the person to marshal new defenses while at the same time giving full expression to the grief associated with the loss of health and self-image.

Ownership. Feelings of depression will most likely surface at this stage with the acceptance of an almost complete loss of the former self. Group members will want to reflect upon their past life and begin to create a new identity that includes the illness. Basic social management questions can be addressed such as who should be told about the illness, what needs to be told, how to go about telling them, and consideration of appropriate timing.

Another concern has to do with what lifestyle changes will be necessary so the client with AIDS can care for himself or herself and, finally, what preparations will be necessary for the inevitable multiple hospitalizations.

Moving through and forward. Paradoxically, in this final stage of acceptance there is a reclaimed power as the person accepts personal responsibility for future treatments and life choices. Decisions regarding how to deal with family and friends help increase feelings of self-worth and identity. The member also can serve as a model for newer members of the group.

Research. The struggle to control AIDS is progressing primarily along three avenues of research. The field of *pharmacology* is exploring new anti-viral drugs. Secondly, the search is continuing for even newer information on how the immune system can eventually neutralize HIV. Most informed sources believe that ultimately, the only feasible way to control AIDS in the future will be through the development of an effective vaccine. Lastly, researchers are looking into the human immune system since most AIDS patients eventually die from opportunistic infections and not HIV itself. Advances have been made and health care providers are able to fend off and control these extraneous diseases with more confidence, thereby at least prolonging life. Though AIDS is an extremely complex problem, the AIDS problem is solvable—therein lies the hope for the future (Thomas, 1988). Until then we remind ourselves that AIDS is a venereal disease that is transmitted from man to man, man to woman, women to unborn children, and woman to woman.

EMOTIONAL DIFFICULTIES

Depression

The use of groups for the treatment of depression is becoming more prevalent because of its apparent increase in incidence, either as a symptom or a syndrome. While no single unifying theory of depression exists, commonly accepted professional guidelines do exist for diagnosis and treatment. Generally, depressions are grouped into two primary categories. The first is termed *situational depression* that also may be called justified or reactive in that the depression can normally be directly linked to psychosocial stressors that may precipitate and maintain the depression. The second group may be termed *somatic* or *autonomous depression* that may have a more neurotic etiology, a higher rate of recurrence and longer term in duration. Another way to view this is whether a depression is the *primary disorder (somatic)* or is the result of some external cause including physical disease *(secondary).*

Major depressions also can be differentiated according to unipolar and bipolar subtypes. *Bipolar depressions* are those that display episodes of cyclic behavior—mania and depression. Manic-depressive episodes typically require both psychopharmacological treatment and psychotherapy. *Unipolar depressions* are those characterized only by depression.

Goals and Purposes. Group leaders need to have a reasonably good understanding of the various symptoms associated with the various kinds of depression in order to select the most appropriate treatment course. The *DSM-IV* (1994) offers the most helpful diagnostic tool when evaluating depressions. Criteria for major depression include the following:

Mood disturbance—Feeling sad, blue, and even hopeless with a loss of interest in activities that were previously pleasurable. There is a noticeable change in activity patterns and a decreased ability to concentrate. Additionally, at least four of the following symptoms will be present every day for at least 2 weeks.

Weight gain or loss—Poor appetite or increased appetite, sometimes with a craving for carbohydrates.

Sleep disturbances—Patterns differ from insomnia, staying up and not being able to sleep to hypersomnia which involves sleeping much more than normal and feeling tired all the time.

Movement disturbances—Characterized by excessively slow and deliberate movements or by increased agitation and hyperactivity. This may vary according to the time of day.

Decreased interest in sexual activities

Loss of energy and fatigue

Feelings of worthlessness and excessive guilt—Feeling inappropriately overly responsible for even minor events that may not be particularly bad.

Reduced ability to think or concentrate—Even though more time may be spent with certain tasks, a fall off occurs in productivity. Students may experience a decline in their grades.

Suicidal ideation or attempts—Preoccupation with thoughts of death is a very common symptom of depression. References to suicide should always be taken very seriously and evaluated for lethality.

Group programs that teach members about depression, offer support and encouragement, and provide skills to help members begin to exert control over themselves and their world seem to offer the most benefits.

Selection of Members. Group members who have been evaluated as depressed, either primarily or secondarily, and whose depression is mild to moderate will experience the best chances to profit from group intervention. The usual organization for open-ended groups is a weekly meeting with 12 members or less so that each person will have opportunities to become verbally involved in the process. Closed groups with fixed duration have also reported successes in treating depression from a psychoeducational treatment mode (Haberman, Lewinsohn, & Tilson, 1988). These groups typically meet from 8 to 12 weeks with treatment based on a social learning model of depression. About 80% of participants report positive results in coping with unipolar depressions.

Intervention Strategies. Groups that combine *structured, educational information* with a *supportive group environment* seem to offer the most benefits for mildly to moderately depressed clients. Additional member characteristics that seem to be related to the prediction of improvement in groups are (a) an expectation of improvement, (b) good reading ability, (c) young age, (d) perceptions of family as supportive, and (e) perceptions of self-control (Haberman, Lewinsohn, & Tilson, 1988).

Groups that are high in support and low in criticism will offer the best chances for success. Depressed individuals frequently are "Type A" personalities with high needs for achievement and perfectionism. Criticism often widens the gap between performance and self-expectation.

Coping skills that include assertiveness and self caring while helping the individual to experience the feeling of being in control of self are important to include in the treatment package. *Depression management lecturettes* coupled with a group experience that validates the feelings of the person and helps to provide new coping strategies while treating the concerns of members in a serious and respectful manner offer the most hope to members.

ADDICTIVE BEHAVIORS

Chemical Dependency

Although treatment formats for substance abuse vary as do definitions of substance abuse, the format most commonly recommended by authorities in the field is group work. The effectiveness of Alcoholics Anonymous self-help groups has greatly influenced this emphasis.

Individuals with a long history of substance abuse are particularly difficult to work with because they have strong defenses against change and minimal abilities for carrying out commitments. Consequently the group facilitator must have an especially strong commitment to the group and the group process.

Tarter's (1996) summary of findings related to substance abuse persons presents a picture of a person who has difficulty handling frustrations, anxiety, depression; someone who is lonely and unsuccessful in family and other relationships; someone with low self-esteem; someone who is impulsive and has little regard for health and safety; and someone who resents authority and often responds aggressively to stress.

Brill (1981) identified four types of chemically dependent individuals. The first are individuals who are socialized in the drug culture. They have learned behaviors suitable for the drug subculture primarily for reasons of group identification. Involvement in the drug culture may be traced to sociological instead of psychological causes. The second are individuals who are inadequately socialized into society's values. This type of chemically dependent person has had few opportunities to learn from adequate models, which normally occurs early in life. These persons generally have some capacity for current learning. The third are individuals who are unsocialized in conventional values. They have been severely neglected and deprived as children and have consequently internalized few social values. They are often destructive to themselves and to others and project their difficulties onto the external environment. The fourth are individuals who are presocialized. They realize they are in trouble with their chemical dependency but have not yet succumbed to the drug culture. They have achieved some socialization in cultural values but not enough to withstand drug temptations.

Goals and Purposes. Typically the goals of groups for substance abusers are to help members identify and modify personal coping behaviors, learn new communication and interpersonal relationship skills, recognize and build personal strengths, take responsibility for personal decisions and behavior, and integrate values, lifestyles, and life goals with behavior choice and decision making. A purpose of the group is to bring into the open the problems, resentments, and frustrations that the members have not been able to put into words.

Vanicelli (1992) listed the benefits of group for group members as (a) reducing a sense of isolation, (b) instilling hope, (c) to learn by watching others deal and struggle with their addictions, (d) acquiring new information, and (e) altering distorted self-concepts. McWhirter (1991) emphasized that a group program which stresses empowerment of the client instead of compliance produces the best outcome. Empowerment is defined by McWhirter as being aware of power dynamics at work in one's life, developing self-control skills, exercising self-control without hurting others, and encouraging the empowerment of others.

According to Brill (1981), the four goals of group work with drug abusers are (a) to develop adaptive behaviors and attitudes competitive with drug abuse to ameliorate skill deficits, (b) to identify and practice verbal and nonverbal components of assertiveness, (c) to learn appropriate and effective expression of personal needs, and (d) to produce changes designed to promote self-sufficiency and positive self-appraisals without drug dependency.

The strong therapeutic attachments that develop in the group facilitate the development of attitudes of commitment and hopefulness which are prerequisites to the changes described above. Peer group support is a powerful force assisting individuals with the maintenance of these changed behaviors.

Selection of Members. Self-help and support groups for substance abusers usually meet 1½ hours once a week, although some groups may meet twice a week. Groups are open ended. Membership, usually 6 to 10 people, is limited to individuals in recovery.

Intervention Strategies. Denial is a major inhibitor of change for most substance abusers. Few will readily admit they have a problem. In the group, through the process of observing, interacting with other members, and being confronted, they gradually begin to accept the fact that they too are substance abusers.

George and Dustin (1988) reported that individuals who are chemically dependent tend to have a great deal of unexpressed anger which has typically been repressed except when drinking or using chemical substances. The group setting offers a safe opportunity for members to express their anger and to discover they can do so and still be in control. George and Dustin recommended that because the chemically dependent person's life has been out of control, major emphasis should be placed on providing structure in the group so members will realize that at least one area of their life is under control.

Prochaska, Norcross, and DiClemente (1994) defined the five stages of change for the addicted individual as:

1. *precontemplation*—no recognition of the problem;
2. *contemplation*—recognition of the problem, but no action;
3. *preparation*—decides to change and begins to formulate a plan;
4. *action*—attempt at change; and
5. *maintenance*—change endures through times of stress.

The group facilitator is encouraged to notice where each member is in the change process and match interventions to the current level of development.

Techniques and intervention strategies that have been found to be helpful with substance abusers are *confrontation*, various *cognitive techniques*, *role-playing*, and *behavior rehearsal* to help members gain confidence in handling interpersonal situations.

Eating Disorders

The three classifications of individuals who have eating disorders are anorexics, bulimics, and compulsive overeaters. Individuals diagnosed as being *anorexic* have an intense fear of becoming obese, and this fear does not diminish as weight loss progresses. They have suffered severe weight loss, experience extreme disturbance of body image, and are preoccupied with a goal of being thin. Such individuals may "feel fat" even when emaciated (*DSM-IV*, 1994).

Individuals diagnosed as *bulimic* experience recurrent episodes of binge eating often followed by attempts to purge themselves by self-induced vomiting or by the use of cathartics or diuretics. They experience frequent fluctuations in weight due to alternating binges and fasts and have an intense desire to be thin. They fear not being able to stop eating voluntarily and are aware that their eating pattern is abnormal. They are often depressed following eating binges [American Psychiatric Association, 1994 (*DSM-IV*)]. According to Herzog, Keller, Lavori, and Sacks (1991), in contrast to an anorexic patient, the bulimic tends to avoid treatment due to the shame over behavior, instead of the total denial of disordered eating behavior common in anorexia.

Compulsive overeaters are individuals who experience great difficulty in controlling the amount of eating they do.

Goals and Purposes. The symptoms of denial, preoccupation with self, lack of coping skills, and anger which anorexics and bulimics exhibit make them excellent candidates for group work. Individuals who have eating disorders also frequently experience social isolation. The group minimizes social isolation and provides needed peer support. The group format provides a setting where individuals can learn how to reach out to peers instead of food and for many authorities, this is the preferred mode of treatment.

The characteristics of eating disorders reviewed by Cummins (1996) seem just as appropriate for anorexics and can easily be translated into issues for work in the group. These characteristics include

> (a) striving for perfection, (b) dichotomous thinking, (c) diminished awareness of their own internal standards, (d) desire to please others, (e) feelings of helplessness, and (f) avoiding both positive and negative affect. (p. 4)

Generally, the goals in eating disorder groups are to deal with issues of authority control, perceived helplessness, fear of rejection, denial, anger, social isolation, and to return to and maintain healthy patterns.

Selection of Members. Self-help and support groups for individuals with eating disorders usually consist of six to ten members meeting 1½ hours once or twice a week. Due to gender differences inherent in both anorexia and bulimia, facilitators can expect 98 to 100% of their clientele to be female (Mitchell, 1990). Another pattern suggested by Brisman and Siegel (1985) is a weekend format with a follow-up several days later and bimonthly support group meetings. Groups are typically open ended and often are led by a male and female co-facilitator team.

According to Hall (1985), those individuals suffering from anorexia nervosa who are most likely to benefit from a group approach are

> 1. those who are not severely ill, but are gaining weight or are relatively stable;
>
> 2. those who are highly motivated;
>
> 3. those who have benefited psychologically from other treatments;
>
> 4. those who are not totally isolated or withdrawn;
>
> 5. those in whom denial or intellectualization is not predominant and who show some capacity for psychological-mindedness, ability to reveal feelings, and sensitivity to others.
>
> 6. those for whom another treatment approach (e.g., family therapy) is not indicated or where a combination of other treatment with group therapy is practical; and
>
> 7. those who are liked by the group leader and have the potential to be liked by other group members. (p. 220)

Intervention Strategies. Since individuals who have eating disorders often feel their lives are out of control, a helpful procedure is to provide some *structure* so members will feel security in some part of their lives. Food journals are often assigned in the first session to help members become aware of their dysfunctional eating patterns. Group sessions typically include the utilization of *relaxation techniques, guided imagery, assertiveness training, social skills training,* and *cognitive behavioral skills.* Educational instruction may be utilized along with *modeling, self-monitoring,* and *goal setting.*

Adult Children of Alcoholics

Recent studies show that there are approximately 22 million Adult Children of Alcoholics (ACOAs) in the United States (Woodside, 1988). The psychosocial consequences for adults who have grown up in such a home include "denial of perceptions, needs, and experiences (including parental alcoholism); frozen or repressed feelings, difficulties in trusting others; compulsive behavior (e.g., 'workaholism'); high needs for control; and an inflated, inappropriate sense of personal responsibility" (Downing & Walker, 1987, p. 440). No wonder ACOAs have great difficulty expressing their feelings when it is recognized that as children they developed survival roles based on don't trust, don't talk, and don't feel (Black, 1981).

Children who grow up in homes with alcoholic parents often develop coping styles such as the superhero, the scapegoat, the lost child, and the mascot (Wegscheider, 1981). These adaptive coping styles may be quite effective survival roles for children but are at best maladaptive when these individuals reach adulthood and try to establish effective relationships with other adults.

Goals and Purposes. Because many ACOAs have poor interpersonal relationships, low self-esteem, and high incidence of chemical dependency (Vanicelli, 1989), intervention plans are likely to be effective if they include experiential interpersonal interactions such as those possible in self-help and support groups. Through such interactions the isolation of individuation is broken down and members are confronted with the reality that they are not alone. This can be a profound experience for individuals who have lived their life hiding, denying, controlling, and feeling responsible.

Appropriate objectives for ACOA psychoeducational groups include "assistance in lessening the severity of current concerns, creating an informed and favorable attitude toward mental health services (so that they may seek appropriate help sooner in the future, and preventing the onset of certain concerns entirely" (Downing & Walker, 1987, p. 441).

Selection of Members. Group may be either heterogeneous or homogeneous consisting only of ACOA and usually are open ended consisting of 8 to 10 or more members meeting for 1 to 2 hours once or twice a week. Corazzini, Williams, and Harris (1987) proposed that heterogeneous, open-ended groups are especially effective. Downing and Walker (1987) recommended excluding from the group individuals who are in immediate or intense crisis, abusers of mood-altering chemicals, individuals whose life circumstances differ significantly from other group members, and individuals the group leaders believe may deter the group's functioning.

Intervention Strategies. Because ACOAs often have poor interpersonal skills and, in many cases, a long history of unrewarding interpersonal relationships, the first few sessions should be highly *structured* and designed to facilitate nonthreatening contact and sharing among group members. Focus on *exploration of feelings* should be gradually addressed since most ACOAs have either denied their feelings, especially feelings of anger and self-worth, or doubted them.

Downing and Walker (1987) described a psychoeducational group structured to provide a safe place to talk while *focusing* on confronting denial and helping participants recognize and begin to recover lost or distorted feelings. Their group also has an educational focus based on the use of *films, discussions,* and *handouts.* The group meets for eight sessions structured around "Week 1—

building universality and decreasing denial; Weeks 2 and 3—confronting denial and learning about alcoholism and co-dependency; Weeks 4–8—recognizing and recovering feelings" (p. 441).

Al-Anon groups are a recognizable example of support groups. College-based support groups also have become quite popular and in many instances have been established with federal grant support.

SUMMARY

The preceding chapter focused on a wide scope of adult special populations which may be addressed in a group setting. Women, and older adults can be treated in groups with unique goals, selection criteria, and intervention strategies. Self-help and support groups were also discussed as a possible group counseling option.

Individuals with chronic diseases, emotional difficulties, and addictive behaviors can also be seen in counseling groups. Group counselors are encouraged to recognize the special concerns and needs of their clients and tailor appropriate counseling interventions to meet those needs.

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APPENDICES

APPENDIX A

A PRIMER OF GROUP COUNSELING TERMINOLOGY

Action exploration: Provides children in play therapy with materials and situations that demand exploration of others as well as themselves. Planned opportunities for children to test themselves in relation to social reality.

Adjourning: Closing skills which can bring unity to the group and consolidate learning. Summary and evaluation.

Adolescent groups: Help adolescents deal with age-related developmental issues such as status, sexual adjustment, fear of intimacy, and search for identity.

Aging groups: Help older adults feel more in control of their lives. Typical issues include loneliness, social isolation, poverty, feelings of loss, rejection, uselessness, helplessness, and hopelessness.

AIDS groups: Support for those impacted by the disease including persons with AIDS (PWAs), their parents, and spouses or partners. Issues include the threat of early death, the unpredictability of the course of the disease, and stigmas related to the illness.

Altruism: Behaviors that benefit others at some expense to the individual with no apparent personal gain as the primary intent of the action.

Anti-therapeutic defenses: Group collaborative avoidance resulting from group members constructing standards of behavior that dictate avoidance of real intimacy and closeness.

ASGW: Association for Specialists in Group Work is a division of the American Counseling Association. Provides leadership in training, credentialing, ethics, continuing education, and professionalization of group leaders.

Authoritarian leadership style: Autocratic style of behavior with emphasis on leader power and authority. Decision making and goal setting by leader.

Authority cycle: Conflict and issues of dominance and power. A dependency stage where the group's organizational roles emerge. How the group resolves this issue is related to leader personality.

Autonomy: Self-determination or self- governance. Involves authenticity, independence, and freedom of action and motives that are one's own.

Bridging: Techniques that may be used in group counseling to strengthen emotional connections among members.

Charismatic leadership style: Characterized by self-confidence, active helping, directive interventions, a sense of moral righteousness, and an unquestioning willingness for followership from group members. Can be either a leadership asset or liability and must be used judiciously by those who score high on personal charisma.

Closed groups: Membership that remains consistent throughout the life of the group and whose lifespan or termination date has most often been decided upon at the beginning of the group.

Closure stage: Final stage of group development in which consolidation of learning and perspective are primary issues. Termination may also facilitate exploration of feelings about separation and loss.

Coercion and pressure: Vaguely felt and sometimes unconscious influence causing members to discount their own beliefs and expectations in order to adapt to group circumstances or goals.

Cognitive-restructuring groups: A rational behavior therapy based on the assumption that clinical disorders are the result of faulty thought patterns. The task of therapy is to identify these patterns and replace them with adaptive cognitions.

Cohesiveness: Emotional bonds based upon mutual attractiveness which bind a group together and govern a group's capacity to resist dissolution and outside threat.

Coming-out groups: Groups for gay and lesbian individuals to assist in dealing with issues arising from the process of acknowledging their sexual orientation to themselves or others.

Commitment: An initial resolution of willingness to participate in the group experience which later in the process may be enhanced by the promise of exploration, affiliation, and intimacy.

Confidentiality: An administrative and emotional condition of privacy considered an essential prerequisite for the development of group trust, safety, cohesion, and productive closure.

Confrontation: The process of identifying discrepancies in behavior without conveying disapproval or judgment. Often used to influence a member's avoidant processes.

Congruence: Matching external behaviors and expressions with internal thoughts and feelings.

Conflict resolution: The ability to systematically deal with the emotional and behavioral turbulence that often accompanies differences in thoughts, feelings, or actions in the group.

Coping and skill training groups: Teach step-by-step processes that develop skills to manage stressful situations effectively.

Counterdependence: Active resistance to feelings of dependency often exhibited by members who perceive arbitrary authority and rigid rules within the group.

Couples' groups: Groups of couples who may have similar relationship problems. Format may be an intensive weekend encounter or more traditional weekly meetings.

Curative factors: Yalom posited 12 factors that operate in each therapy group. They include altruism, group cohesiveness, guidance, interpersonal learning, intrapersonal learning, universality, catharsis, family reenactment, self-understanding, identification, instillation of hope, and existential factors.

Cutting off: Blocking or stopping damaging or nonproductive interaction using a direct approach in a manner that allows members to not feel discounted.

Democratic leadership style: The leader reflects an egalitarian orientation and serves as a knowledgeable resource while helping to create a safe atmosphere for members to include themselves in the process of the group. Members share responsibility for setting goals and maintaining direction in the group.

Development of belonging: A comfortable sense of personal ownership through a safe, close, and secure relationship with the group as a whole.

Development of inclusion: Defines a person's group membership identity through the degree to which they become an active group member while maintaining personal autonomy and uniqueness.

Drug and alcohol abuse groups: Persons who are addicted to a substance interact around themes of recovery including abstinence, relapse prevention, and other related topics.

Ego states: According to transactional analysis, internalized sources of instinctual behavior distinguished by emotional childlike wanting, harsh parental demands, and an adult rational sense of purpose and logic. They reflect an internal pattern of experience consistent with a corresponding external pattern of behavior.

Empowerment: A personal sense of right and place. Self-enablement of one's own authority and personhood.

Encounter group: Associated with Carl Rogers, the therapy focuses on establishing intimate interactions in a present time orientation. Member feelings are valued and intellectualization is discouraged.

Enhancement stage: Members actively pursue change in their lives outside the group while continuing to utilize the support, pressure, and motivation of the group.

Equitable treatment: Leadership characterized by justice, fairness, and impartiality. Leaders avoid favoritism, treat members equally and with respect, and allot time equitably.

Ethical guidelines for group counselors: ASGW provides guidance for minimal standards of practice in the general areas of leader competence, informed consent, screening and orientation of members, preparation of members, voluntary participation, psychological risks, confidentiality, experimentation, research and recordings, member rights, leader values and expectations, time distribution and equal treatment, personal relationships, member independence and goal development, use of alcohol and drugs, and follow-up.

Ethnic group: Members belonging to specific national, racial, or religious groups with the concomitant influence of the prevailing cultural beliefs, values, and mores.

Fidelity: Involves faithfulness to obligations, duties, and responsibilities. Keeping promises.

Follow-up: Generally involves keeping track of the progress of and providing needed services for former members. Special follow-up sessions might be planned to provide support, reinforcement, and closure.

Forming: An initial or first developmental stage where members are dependent on each other and the leader while trying to define a personal place in the group. Individuals begin to come together and clarify the task of the group.

Functional leadership: Helper who may not have a formal degree or credential but who possesses certain skills of a practical nature.

Grief: An acute sense of despair over a loss. Survivors of loss who are allowed to undergo the social experience of grief often can receive external validation for their feelings.

Group methods: Procedures and processes emphasized in groups that provide support, caring, and confrontation through an interactive environment not available in individual counseling.

Group composition: Describes the makeup of people who belong to the group. They may be similar in some respect (homogeneous) or different (heterogeneous).

Group screening: Process of selecting appropriate members into the group.

Group therapy: Similar to group counseling in methods and procedures, but tends to provide treatment that is more reconstructive and long term, dealing with more severe emotional problems.

Group membership: Composition characteristics of the group that includes age, gender, commonality of issues, and other personality and demographic features.

Group counseling: Designed for individuals with normal developmental coping concerns. The group provides a safe structure for modifying attitudes and behaviors.

Group psychotherapy: Concerned with the treatment of severe psychological disorders, often with hospitalized inpatients. Leaders are trained to intervene with abnormal populations and focus upon correcting psychological problems that interfere with an individual's life functioning and with restructuring the personality.

Group involvement stage: Typically the first stage of group development where the issue of mutual trust is explored. Early content tends to be social and superficial. Power and group member influences are assigned, often unconsciously, while roles and norms emerge that eventually become the guiding ground rules for the group.

Group maintenance behaviors: Actions aimed at preserving or strengthening the group.

Group guidance: An educational-informational, preventive, and growth-oriented emphasis that takes a proactive teaching and skills acquisition approach to the group.

Group norms: Implicit or explicit agreed upon standards that govern behavior in the group.

Group rules and limitations: Generally agreed upon standards and rules that provide a minimal level of operating structure and enhance group process.

Here and now: To focus on the immediate experience of the moment by being aware of and genuine with one's relationship with self and the group.

Heterogeneous groups: Relative dissimilarity in various demographic or characterological traits among group members that typically results in diversity in the membership.

Hidden agendas: Private, covert, unconscious, or unacknowledged itineraries that are a routine expectation in group process but nevertheless interfere with stated tasks. A preventive, wellness approach to health that incorporates social, psychological, physical, and spiritual domains.

Homogeneous groups: Membership based on some commonality of issue, characterological traits, or any number of other similarities. Homogeneity often results in quicker cohesion and higher rates of attendance and commitment to the group.

Human development and training groups: Frequently used in education and industry to increase productivity and efficiency. Early training models later expanded to include awareness, encounter, sensitivity, marathon, and other physical tactile groups. Gazda more recently structured training groups to deal with seven developmental life skills.

Humanism: A set of beliefs, based on Maslow's growth model and Roger's person-centered principles, designed to achieve full human potential or self-actualization.

Human potential movement: Stimulated by the work of Maslow, Rogers, Gibb, and others in the 1960s, group encounter was the keystone for what became somewhat of a cultural phenomenon. With a focus on authenticity and body contact it engendered ethical concerns regarding leadership and other issues.

Informed consent: A written document that provides the informational framework for counseling and seeks to protect the rights of clients to make fully apprised choices.

Interdependence: A stage in group development where various subgroups, such as dependent and counterpersonal personalities, form a work alliance based upon the expectation of mutual benefit.

Interpersonal therapy: Leader focus is on interactions and relationships that form in the group. Attention is paid primarily to the group as a whole, here and now ongoing group dynamics and potential obstacles to effective group development.

Irrational beliefs: Ideas that are perpetuated by a self-defeating belief system. According to Ellis, the founder of rational emotive theory, these faulty beliefs constitute the origin of emotional disturbances.

Laissez-faire leadership style: Leader participates minimally while placing responsibility directly on the group itself. While typically very passive, the leader may serve as a technical consultant offering process interpretations and assistance if requested.

Leadership styles: The three major group leadership styles are authoritarian, democratic, and laissez-faire.

Loss support groups: Specific issue groups originally organized for cancer or chronic disease patients but more recently expanded to include support for persons experiencing many different forms of abandonment and loss.

Marathon group: A group which meets continuously for 24 hr or more, offering unremitting contact and fatigue which often produces lowered inhibitions and defense systems. Members are encouraged to risk going beyond masks and social facades to discover genuine aspects of self and to develop open, authentic, and self-responsible behavior.

Member roles: Behavioral positions that group members take for themselves in the group. They often resemble the characterizations either appropriated or assigned in the member's family of origin.

Multicultural counseling: Groups with members from diverse ethnocultural backgrounds and orientations where the focus is upon understanding and accepting differences.

Norming: Process by which group members agree upon group rules that structure the operation of the group, protect the members, and promote individual and group growth.

NTL: National Training Laboratories, headquartered in Bethel, ME. Sensitivity training (t-groups) originating in the 1940s, which emphasized group process and interpersonal relations in promoting constructive social change.

Open groups: A group without a fixed or predetermined concluding date which permits membership to vary during the course of the group.

Parenting groups: Parents who meet to share insights into common concerns for the express purpose of helping children grow and thrive.

Peer-help groups: A group of people of similar rank or ability with a peer or counterpart facilitator. These groups are most often found in school settings or among adolescents.

People with AIDS: People who have HIV and have had opportunistic infection or a T-cell count below 200.

Performing: A working stage of group development characterized by functional role relationships, goal directedness, and shared responsibility. The group is concerned with task completion and process, honesty, and meeting individual emotional needs.

Personal growth groups: Small groups of people interested in increasing self-knowledge through giving and receiving honest and empathic feedback in a safe and permissive group setting that tends to place emphasis on feelings and direct experience rather than cognitions and intellect.

Phenomenological: How a person believes life to be from a purely personal point of view or perspective. An individual's subjective reality.

Polarization: Group members who coalesce at opposite extremes representing sharply contradictory attitudes.

Pregroup screening: Procedures used to select members of a group. Depending upon the type of group, screening can be used for inclusion/exclusion, balance, or determining the best mix of people to help create conditions for maximal functioning of the group.

Precommitment stage: Includes the early sequences of group development where the major tasks include resolution of purpose and boundary issues. Testing of group limits, avoidance, power alliances, and group roles are process issues that typically surface during this stage.

Problem-solving groups: Task groups organized to alleviate relevant problems. The process focuses upon goal attainment through strategic and rational interaction and plans.

Process therapy: The primary approach to therapy is to study the mechanisms or dynamics of interactions in the group.

Professional standards for training of group workers: Training requirements adopted by the Council for Accreditation of Counseling and Related Education. A minimum core of cognitive and applied group leader competencies identified by the Association for Specialists in Group Work which serve as guidelines in graduate level counselor training programs.

Psychodrama: A series of dramatic and expressive techniques developed by J. L. Moreno. With the use of a director (therapist), participants enact life situations that have emotional significance to them. Group members serve as fellow actors in the drama as the audience. The protagonist is encouraged to freely express and discover a spontaneous self coupled with the courage to attempt new approaches to living.

Psychotherapeutic groups: Membership is usually limited to hospitalized psychiatric patients or outpatients with severe emotional difficulties. Leader focus is upon correcting psychological problems that interfere with an individual's life functioning and with restructuring the personality.

Resistance: Reluctance of a member, or sometimes a coalition of members, to commit themselves fully to the therapeutic process. Resistances may be active or passive (avoidance, silence, or talking too much).

Self-actualization: A humanistic principle which posits that individuals strive to grow and develop their talents and abilities to the fullest and to enhance the basic or true self.

Self-disclosure: An unrehearsed sharing of a person's present experience. Usually a feeling, it may involve unexpected personal data (vertical) or a reaction to another member of the group (horizontal).

Self-help groups: Individuals sharing similar issues who come together to provide mutual assistance and support most often without a trained professional leader. Group leaders typically are persons who have "been there" and each member of the group is a potential future leader.

Self-monitoring group: A group in which the members take personal responsibility for the depth of their own involvement in the process and also assume joint custodianship for the level of commitment from all other members.

Sensitivity group: Brief, intensive structured programs designed to improve human relations skills, raise consciousness, and impact awareness of targeted issues. A humanistic form of group involvement which emphasizes improving relations with other people or groups.

Short-term group therapy goals: Has an immediate objective to restore a functional level of behavior and to modify self-defeating actions.

Silence: A potentially therapeutic period of time in the group process where no one is talking. Silences may be reflective and solution seeking or resistant and counterproductive.

Social interest: A feeling of being part of a group's social identity; a need or willingness to contribute to the group's cultural advancement.

Social support groups: Groups that attempt to offer a safe environment to practice new interpersonal strategies and behaviors and enhance a person's ability to live a socially satisfying life.

Solidarity: A sense of cohesiveness that develops among members with a common interest while developing a consistency of behavior for the purpose of attaining a mutual goal.

Standardization: Norms that result from the various influences the group exerts over its members.

Storming: Stage in group therapy when anger and hostility, issues with authority, and group identity emerge.

Strength bombardment: Group method of reinforcing the positive self-image of an individual by having a member list personal strengths followed by a recitation of the person's strong points as viewed by other group members. Negative feedback is discouraged during this activity.

Survivors groups: Groups composed of survivors of similar traumatic events which can provide mutual aid and social support networks.

T-groups: A specialized process approach to group work that focuses on member transactions and behavior in the group as it struggles to create a productive organization.

Task group: A group where the primary goal is the completion of a specific behavior or task.

Termination: The ending stage of a group. Major concerns involve summarizing, dealing with unfinished business, consolidating learning, and making sense of the group process.

Therapeutic groups: Groups whose major aim is to change behavior and/or attitudes of the members in an ongoing process.

Therapeutic factors in groups: Dynamic forces in groups that permit insight to develop and constructive changes in behavior. Some of the factors operating are empathy, trust and respect, hope, personal power, commitment to change, intimacy, self-disclosure, and freedom to experiment.

Transitions: Periods of time in the group process when a majority of the members are shifting from one developmental group stage to another.

Unfinished business: May relate to incomplete issues between members or to general group process. It may represent unexpressed feelings such as resentment, rage, hurt, pain, anxiety, or guilt and grief that may persist and seek completion in the group.

Universality: A mechanism that reduces interpersonal distance and loneliness as a person realizes that others share similar problems and life situations.

Voluntary/involuntary: Refers to whether participation in the group is compulsory or mandated in some way as opposed to elective or freely chosen for some or all of the members.

APPENDIX B

ASSOCIATION FOR SPECIALISTS IN GROUP WORK: PROFESSIONAL STANDARDS FOR THE TRAINING OF GROUP WORKERS

(Adopted April 20, 1991)

PREAMBLE

All counselors should possess a set of core competencies in general group work. These basic knowledge and skills provide a foundation which specialty training can extend. Mastery of the core competencies does not qualify one to independently practice any group work specialty. Specialists in group work must possess advanced competencies relevant to a particular group work type.

The Association for Specialists in Group Work (ASGW) advocates for the incorporation of core group competencies as part of the Master's level training required in all counselor education programs. The Association also supports preparation of group work specialists at the Master's level. ASGW further supports the continued preparation of group work specialists at the post-Master's level (Ed.S. or Certificate, Doctoral, Continuing Education, etc.), recognizing that recommended levels of group work specialty training in many programs will need to be accomplished following completion of the Master's degree.

This revision of the *Professional Standards for Training of Group Workers* contains two levels of competencies and related training that have been identified by the ASGW Standards Committee: (a) *Core Group Competencies:* The minimum core of group worker competencies and related training necessary for all counselors, including knowledge, skills, and practice (Minimum: 10 clock hours; Recommended: 20 clock hours); and (b) *For Group Work Specialists:* Advanced competencies that build on the generalist core in the four identified group work specialties of:

- *Task/Work groups,* including knowledge, skills and supervised practice beyond core group training (Additional minimum: 30 clock hours; Recommended: 45 clock hours);

- *Guidance/Psychoeducation groups*, including knowledge, skills, and supervised practice beyond core group training (Additional minimum: 30 clock hours; Recommended: 45 clock hours);

- *Counseling/Interpersonal Problem-Solving groups*, including knowledge, skills, and supervised practice beyond core group training (Additional minimum: 45 clock hours; Recommended: 60 clock hours).

- *Psychotherapy/Personality Reconstruction groups*, including knowledge, skills, and supervised practice beyond core group training (Additional minimum: 45 clock hours; Recommended: 60 clock hours).

DEFINITIONS

Group Work

Group work is a broad professional practice that refers to the giving of help or the accomplishment of tasks in a group setting. It involves the application of group theory and process by a capable professional practitioner to assist an interdependent collection of people to reach their mutual goals, which may be personal, interpersonal, or task-related in nature.

Core Training in Group Work for All Counselors

All professional counselors should possess basic, fundamental knowledge and skills in group work. Moreover, this set of competencies provides a basic foundation upon which specialization training in group work is built.

Core training group work competencies not prepare a counseling professional to independently assume responsibility for conducting any of the specialty groups to be defined in these Standards. Additional focused training is required for independent practice in a specialty, as detailed below.

Group Work Specializations

The trainee may proceed beyond core training in group work to specialize in one or more advanced areas of practice. It is to be expected that all counseling programs would provide core training in group work to all students and most would offer additional training in at least one of the other specializations. Definitions of each specialization follow.

Task/Work Groups. Much work in contemporary Western society is accomplished through group endeavor. The task/work group specialist is able to assist groups such as task forces, committees, planning groups, community organizations, discussion groups, study circles, learning groups, and other similar groups to correct or develop their functioning. The focus is on the application of group dynamics principles and processes to improve practice and the accomplishment of identified work goals.

Guidance/Psychoeducation Groups. Education and prevention are critically important goals for the contemporary counselor. The guidance/psychoeducation group specialist seeks to use the group medium to educate group participants who are presently unaffected about a potential threat (such as AIDS), a developmental life event (such as a transition point), or how to cope with an immediate life crisis (such as suicide of a loved one) with the goal of preventing an array of educational and psychological disturbance from occurring.

Counseling/Interpersonal Problem Solving Groups. The group worker who specializes in counseling/interpersonal problem-solving seeks to help group participants to resolve the usual, yet often difficult, problems of living through interpersonal support and problem-solving. An additional goal is to help participants to develop their existing interpersonal problem-solving competencies that they may be better able to handle future problems of a similar nature. Nonsevere career, educational, personal, social, and developmental concerns are frequently addressed.

Psychotherapy/Personality Reconstruction Groups. The group worker who specializes in psychotherapy/personality reconstruction seeks to help individual group members to remediate their in-depth psychological problems. Because the depth and extent of the psychological disturbance is significant, the goal is to aid each individual to reconstruct major personality dimensions.

TRAINING STANDARDS

A. Core Group Work for All Counselors

Knowledge Competencies. All counselors can effectively:

1. State for the four major group work specializations identified in this document (task groups, guidance groups, counseling groups, psychotherapy groups) the distin-

guishing characteristics of each, the commonalities shared by all, and the appropriate instances in which each is to be used.

2. Identify the basic principles of group dynamics.

3. Discuss the basic therapeutic ingredients of groups.

4. Identify the personal characteristics of group workers which have an impact on members; knowledge of personal strengths, weaknesses, biases, values, and their effect on others.

5. Describe the specific ethical issues that are unique to group work.

6. Discuss the body of research on group work and as it relates to one's academic preparation in either school counseling, student personnel education, community counseling, mental health counseling, or other specialized studies.

7. Define the process components involved in typical stages of a group's development (i.e., characteristics of group interaction and counselor roles).

8. Describe the major facilitative and debilitative roles that group members may take.

9. State the advantages and disadvantages of group work and the circumstances for which it is indicated or contraindicated.

10. Detail therapeutic factors of group work.

11. Identify principles and strategies for recruiting and screening prospective group members.

12. Detail the importance of group and member evaluation.

13. Deliver a clear, concise, and complete definition of each of the four group work specialities.
14. Deliver a clear, concise, and complete definition of group work.
15. Explain and clarify the purpose of a particular form of group work.

Skill Competencies. All counselors are able to effectively:

1. Encourage participation of group members.
2. Observe and identify group process events.
3. Attend to and acknowledge group member behavior.
4. Clarify and summarize group member statements.
5. Open and close group sessions.
6. Impart information in the group when necessary.
7. Model effective group leader behavior.
8. Engage in appropriate self- disclosure in the group.
9. Give and receive feedback in the group.
10. Ask open-ended questions in the group.
11. Empathize with group members.
12. Confront group members' behavior.
13. Help group members attribute meaning to their experience.
14. Help group members to integrate and apply learnings.
15. Demonstrate ASGW ethical and professional standards in group practice.

16. Keep the group on task in accomplishing its goals.

Core Group Work Training: Knowledge. Core training in group work should include a minimum of one course. Contained in this course should be attention to competencies in the Knowledge and in the Skills domains.

Skills Through Supervised Practice. The Practice domain should include observation and participation in a group experience, which could occur in a classroom group.

Minimum amount of supervised practice: *10 clock hours.*

Recommended amount of supervised practice: *20 clock hours.*

B. Group Work Specializations: Knowledge, Skill, and Supervised Practice Domains

The counselor trainee, having mastered the core knowledge and skill domains displayed above, can specialize in one or more advanced areas of group work practice. These advanced speciality areas are Task/Work groups, Guidance/Psychoeducation groups, Counseling/Interpersonal Problem-Solving groups, and Psychotherapy/Personality Reconstruction groups. The advanced knowledge and skill competencies associated with each of these specialties are presented below.

Task/Work Groups.

Knowledge Competencies. In addition to Core knowledge, the qualified Task/Work group specialist can effectively:

1. Identify organizational dynamics pertinent to task/work groups.
2. Describe community dynamics pertinent to task/work groups.
3. Identify political dynamics pertinent to task/work groups.

4. Describe standard discussion methodologies appropriate for task/work groups.
5. Identify specific ethical considerations in working with task/work groups.
6. Identify program development and evaluation models appropriate for task/work groups.
7. List consultation principles and approaches appropriate for task/work groups.

Skills Competencies. In addition to Core skills, the qualified Task/Work group specialist is able to effectively:

1. Focus and maintain attention on task and work issues.
2. Obtain goal clarity in a task/work group.
3. Conduct a personally selected task/work group model appropriate to the age and clientele of the group leader's specialty area(s) (e.g., school counseling).
4. Mobilize energies toward a common goal in task/work groups.
5. Implement group decision-making methods in task/work groups.
6. Manage conflict in task/work groups.
7. Blend the predominant task focus with appropriate attention to human relations factors in task/work groups.
8. Sense and use larger organizational and political dynamics in task/work groups.

Specialist Training: Knowledge. Course work should be taken in the broad area of organization development, management, and/or sociology such that the student understands organizational life and how task groups function within it. Course work also should be taken in consultation.

Skills Through Supervised Practice. In addition to Core training acquired through observation and participation in a group (10 clock hours minimum; 20 clock hours recommended), practice should include:

Minimum amount of *30 clock hours* should be obtained in co-leading or leading a task/work group in a field-practice setting supervised by qualified faculty or staff personnel.

Recommended amount of *45 clock hours* should be obtained in co-leading or leading a task/work group in a field-practice setting supervised by qualified faculty or staff personnel.

Guidance/Psychoeducation Groups.

Knowledge Competencies. In addition to Core knowledge, the qualified Guidance/Psychoeducation group specialist can effectively:

1. Identify the concepts of primary and secondary prevention in guidance/psychoeducation groups.
2. Articulate the concept of "at risk" in guidance/psychoeducation groups.
3. Enumerate principles of instruction relevant to guidance/psychoeducation groups.
4. Develop a knowledge base relevant to the focus of a guidance/psychoeducation group Intervention.
5. List principles involved in obtaining healthy and/or at risk members for guidance/psychoeducation groups.
6. Describe human development theory pertinent to guidance/psychoeducation groups.

7. Discuss environmental assessment as related to guidance/psychoeducation groups.

8. Discuss principles of structure as related to guidance/psychoeducation groups.

9. Discuss the concept of empowerment in guidance/psychoeducation groups.

10. Identify specific ethical considerations unique to guidance/psychoeducation groups.

11. List advantages of guidance/psychoeducation groups and where indicated and contraindicated.

Skills Competencies. In addition to Core skills, the qualified Guidance/Psychoeducation group specialist can effectively:

1. Plan a guidance/psychoeducation group in collaboration with "target" population members or representatives.

2. Match a relevant guidance/psychoeducation topic with relevant (and currently "unaffected") target group.

3. Conduct a personally selected guidance/psychoeducation group model appropriate to the age and clientele of the group leader's specialty area (e.g., student personnel education).

4. Design a guidance/psychoeducation group plan that is developmentally and practically sound.

5. Present information in a guidance/psychoeducation group.

6. Use environmental dynamics to the benefit of the guidance/psychoeducation group.

7. Conduct skill training in guidance/psychoeducation groups.

Specialist Training: Knowledge. Course work should be taken in the broad area of community psychology, health promotion, marketing, consultation, and curriculum design.

Skills Through Supervised Practice. In addition to Core training acquired through observation and participation in a group (10 clock hours minimum; 20 clock hours recommended), practice should include:

Minimum amount of *30 clock hours* should be obtained in co-leading or leading a guidance/psychoeducation group in a field-practice setting supervised by qualified faculty or staff personnel.

Recommended amount of *45 clock hours* should be obtained in co-leading or leading a guidance/psychoeducation group in a practice setting supervised by qualified faculty or staff personnel.

Counseling/Interpersonal Problem-Solving Groups.

Knowledge Competencies. In addition to Core knowledge, the qualified Counseling/Interpersonal Problem-Solving group specialist can effectively:

1. State for at least three major theoretical approaches to group counseling the distinguishing characteristics of each and the commonalities shared by all.
2. Identify specific ethical problems and considerations unique to group counseling.
3. List advantages and disadvantages of group counseling and the circumstances for which it is indicated or contraindicated.
4. Describe interpersonal dynamics in group counseling.
5. Describe group problem-solving approaches in relation to group counseling.

6. Discuss interpersonal assessment in group counseling.
7. Work appropriately with disruptive counseling group members.
8. Make use of the major strategies, techniques, and procedures of group counseling.
9. Use procedures to assist transfer and support of changes by group counseling members in the natural environment.
10. Use adjunct group counseling structures such as homework (e.g., goal setting).
11. Work cooperatively and effectively with a counseling group co-leader.
12. Use assessment procedures in evaluating effects and contributions of group counseling.

Specialist Training: Knowledge. As much course work in group counseling as possible is desirable, but at least one course beyond the generalist is necessary. Other courses in the Counseling program should provide good support for the group counseling specialty.

Skills Through Supervised Practice. In addition to core training acquired through observation and participation in a group (10 clock hours minimum; 20 clock hours recommended), practice should include:

Minimum amount of *45 clock hours* should be obtained in co-leading or leading a counseling/interpersonal problem-solving group in a field practice setting supervised by qualified faculty or staff personnel.

Recommended amount of *60 clock hours* should be obtained in co-leading or leading a counseling/interpersonal problem-solving group in a field-practice setting supervised by qualified faculty or staff personnel.

Psychotherapy/Personality Reconstruction Groups.

Knowledge Competencies. In addition to Core knowledge, the Psychotherapy/Personality Reconstruction group specialist can effectively:

1. State for at least three major theoretical approaches to group psychotherapy the distinguishing characteristics of each and the commonalities shared by all.

2. Identify specific ethical problems and considerations unique to group psychotherapy.

3. List advantages and disadvantages of group psychotherapy and the circumstances for which it is indicated or contraindicated.

4. Specify intrapersonal and interpersonal dynamics in group psychotherapy.

5. Describe group problem-solving approaches in relation to group psychotherapy.

6. Discuss interpersonal assessment and intervention in group psychotherapy.

7. Identify referral sources and procedures in group psychotherapy.

8. Describe group formation principles in group psychotherapy.

9. Identify and describe abnormal behavior in relation to group psychotherapy.

10. Identify psychopathology as related to group psychotherapy.

11. Describe personality theory as related to group psychotherapy.

12. Detail crisis intervention approaches suitable for group psychotherapy.

13. Specify diagnostic and assessment methods appropriate for group psychotherapy.

Skill Competencies. In addition to Core skills, the qualified Psychotherapy/Personality Reconstruction group specialist can effectively:

1. Recruit and screen prospective psychotherapy group members.

2. Recognize self-defeating behaviors of psychotherapy group members.

3. Describe and conduct a personally selected group psychotherapy model appropriate to the age and clientele of the group leader's specialty area (e.g., mental health counseling).

4. Identify and develop reasonable hypotheses about nonverbal behavior among psychotherapy group members.

5. Exhibit appropriate pacing skills involved in stages of a psychotherapy group's development.

6. Identify and intervene effectively at critical incidents in the psychotherapy group process.

7. Work appropriately with disruptive psychotherapy group members.

8. Make use of the major strategies, techniques, and procedures of group psychotherapy.

9. Provide and use procedures to assist transfer and support of changes by group psychotherapy members in the natural environment.

10. Use adjunct group psychotherapy structures such as psychological homework (e.g., self-monitoring, contracting).

11. Work cooperatively and effectively with a psychotherapy group co-leader.

12. Use assessment procedures in evaluating effects and contributions of group psychotherapy.

13. Assist individual change along the full range of development, from "normal" to "abnormal" in the psychotherapy group.

14. Handle psychological emergencies in the psychotherapy group.

15. Institute hospitalization procedures when appropriate and necessary in the psychotherapy group.

16. Assess and diagnose mental and emotional disorders of psychotherapy group members.

Specialist Training: Knowledge. Course work should be taken in the areas of group psychotherapy, abnormal psychology, psychopathology, and diagnostic assessment to assure capabilities in working with more disturbed populations.

Skills Through Supervised Practice. In addition to Core training and acquired through observation and participation in a group (10 clock hours minimum; 20 clock hours recommended), practice should include:

Minimum amount of *45 clock hours* should be obtained in coleading or leading a psychotherapy/personality reconstruction group in a field-practice setting supervised by qualified faculty or staff personnel.

Recommended amount of *60 clock hours* should be obtained in co-leading or leading a psychotherapy/personality reconstruction group in a field-practice setting supervised by qualified faculty or staff personnel.

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APPENDIX C

GROUP LEADER COMPETENCIES

Goal Statement: The professional counselor possesses the personality characteristics, knowledge, and skills required of the effective helper; complies with ethical standards; as appropriate to his/her credentials, is able to discern when individual or group counseling would be most helpful; understands basic principles of group dynamics; and is familiar with major group theories, stages of group development, group member roles, and research related to counseling.

COMPETENCIES The counselor is a skilled professional who is able to:	PERFORMANCE GUIDELINES The professional counselor provides evidence of competence by demonstrating the ability to:		ASSESSMENT Low Average High					
			1	2	3	4	5	none
1. Discern when individual or group counseling would be most helpful for the problem presented and for the client. (This implies recognition of referral responsibility when appropriate.)	1.1 Specify the types of problems that are particularly suited to group or individual counseling.	1.1						
	1.2 Structure specialized groups as to topic and purpose as well as membership.	1.2						
	1.3 Specify the effectiveness of both peer and traditional models on individual behavior.	1.3						
	1.4 Coordinate and sequence a client's participation in both individual and group counseling sessions.	1.4						
	1.5 Explain how the power of groups can be both advantageous and disadvantageous to members.	1.5						
2. Use principles of group dynamics and group therapeutic conditions in various group activities that facilitate attitude and behavior change appropriate to the age level of the client.	2.1 Display a working knowledge of group dynamics such as:	2.1						
	2.1a Content and process variables;	2.1a						
	2.1b Various leadership styles; and	2.1b						
	2.1c The conditions under which group promote healthy growth.	2.1c						
	2.2 Display a working knowledge of developmental tasks and coping behaviors of different age levels and the skill to use various group techniques appropriate for client level including:	2.2						
	2.2a Play and activity groups;	2.2a						
	2.2b Modeling-social learning techniques; and	2.2b						
	2.2c Role playing and psychodrama.	2.2c						

COMPETENCIES The counselor is a skilled professional who is able to:		**PERFORMANCE GUIDELINES** The professional counselor provides evidence of competence by demonstrating the ability to:		**ASSESSMENT** Low Average High					
				1	2	3	4	5	none
	2.3	Observe and record verbal and nonverbal interaction in groups, following predetermined cues and procedures for making such observations.	2.3						
	2.3a	Use the anecdotal method of observation and recording to report the significant components of individual and group interaction.	2.3a						
	2.3b	Chart group interaction through the use of an appropriate interaction toold	2.3b						
	2.3c	Rate the initiative and responsive dimensions of group interaction.	2.3c						
	2.3d	Record the operant level and chart baseline data on selected behaviors as they emerge in the group (e.g., various physical phenomena, hostile statements, etc.).	2.3d						
3. Demonstrate a familiarity with the unique characteristics of at least three of the major group theories and the persons associated with their development.	3.1	Communicate and use appropriate and consistent methodologies included in at least three of the following group theories:	3.1						
	3.1a	Adlerian psychology;	3.1a						
	3.1b	Behavioral group counseling;	3.1b						
	3.1d	Gestalt group therapy;	3.1d						
	3.1e	Group psychodrama;	3.1e						
	3.1f	Human resource development training:	3.1f						
	3.1g	Person-centered group therapy;	3.1g						
	3.1h	Rational-emotive therapy;	3.1h						

COMPETENCIES The counselor is a skilled professional who is able to:	**PERFORMANCE GUIDELINES** The professional counselor provides evidence of competence by demonstrating the ability to:		**ASSESSMENT** Low Average High						
				1	2	3	4	5	none
	3.1i	Reality therapy;	3.1i						
	3.1j	Transactional analysis;	3.1j						
	3.1k	Family therapy groups; and	3.1k						
	3.1l	Addiction or recovery groups.	3.1l						
4. Demonstrate a familiarity with the history of group work and the important individuals/ organizations who have contributed to its growth, such as:	4.1a	J. H. Pratt;	4.1a						
	4.1b	Alfred Adler;	4.1b						
	4.1c	J. L. Moreno;	4.1c						
	4.1d	S. R. Slavson;	4.1d						
	4.1e	C. R. Rogers;	4.1e						
	4.1f	National Training Laboratory;	4.1f						
	4.1g	The Human Potential Movement;	4.1g						
	4.1h	Fritz Perls;	4.1h						
	4.1i	Merle M. Ohlsen;	4.1i						
	4.1j	G. G. Kemp:	4.1j						
	4.1k	G. M. Gazda; and	4.1k						
	4.1l	I. D. Yalom.	4.1l						

COMPETENCIES The counselor is a skilled professional who is able to:	PERFORMANCE GUIDELINES The professional counselor provides evidence of competence by demonstrating the ability to:	ASSESSMENT Low Average High					
			1	2	3	4	5	none
5. Demonstrate competence in dealing with terms specific to discriminating among the various kinds of group activities.	5.1 Adequately define and explain the differences in orientation, methodology, procedures, leadership qualifications, and client population associated with:	5.1					
	5.1a Group guidance;	5.1a					
	5.1b Group counseling;	5.1b					
	5.1c Group psychotherapy; and	5.1c					
	5.1d Human relations training.	5.1d					
	5.2 Display a functional knowledge of the following terms and concepts and their application to groups:	5.2					
	5.2a Group dynamics;	5.2a					
	5.2b T-groups;	5.2b					
	5.2c Psychodrama;	5.2c					
	5.2d Open and closed groups;	5.2d					
	5.2e Self-help and support groups;	5.2e					
	5.2f Specific issue groups:	5.2f					
	5.2g Procedural rules for groups; and	5.2g					
	5.2h Process analysis.	5.2h					
6. Communicate familiarity with a number of group	6.1 Function as a member or leader in the following kinds of group experiences:	6.1					
	6.1a An encounter group;	6.1a					

COMPETENCIES **The counselor is a skilled professional who is able to:**	**PERFORMANCE GUIDELINES** **The professional counselor provides evidence of competence by demonstrating the ability to:**	**ASSESSMENT**	**Low**		**Average**		**High**
			1	**2**	**3**	**4**	**5**	**none**
growth and intervention systems and advise as to the appropriate group activity.	6.1b A family therapy group; and	6.1b						
	6.1c A play-therapy or an activity-therapy group.	6.1c						
	6.2 Colead ongoing group sessions in conjunction with an instructor, supervisor, or selected colleague.	6.2						
	6.3 Describe and/or experience various specialized methods and techniques in group counseling such as:	6.3						
	6.3a Critique of group tapes by self or others;	6.3a						
	6.3b Focused feedback:	6.3b						
	6.3c Observation of group counseling (live or taped);	6.3c						
	6.3d Systematic desensitization;	6.3d						
	6.3e Psychodrama:	6.3e						
	6.3f Modeling;	6.3f						
	6.3g Role playing;	6.3g						
	6.3h Extended sessions or marathon groups; and	6.3h						
	6.3i Issue group specific to the counselor's expertise such as stress management groups, assertiveness groups, and teambuilding groups.	6.3i						
7. Demonstrate a familiarity with the typical stages of	7.1 Organize and prepare for a group and get the initial group started.	7.1						
	7.2 Explain the beginning stages of a group.	7.2						

COMPETENCIES The counselor is a skilled professional who is able to:		PERFORMANCE GUIDELINES The professional counselor provides evidence of competence by demonstrating the ability to:		ASSESSMENT Low Average High 1	2	3	4	5	none
group and appropriate intervention strategies and leader behaviors.	7.3	Explain the working stages.	7.3						
	7.4	Explain the ending stages and termination procedures.	7.4						
8. Indicate an awareness of the most frequently observed facilitative and debilitative roles that group members may take, along with relevant management strategies.	8.1	Describe and work with:	8.1						
		8.1a The compulsive talker or monopolizing member;	8.1a						
		8.1b The silent member;	8.1b						
		8.1c The group clown;	8.1c						
		8.1d The intellectualizer;	8.1d						
		8.1e The rescuer;	8.1e						
		8.1f The attacker;	8.1f						
		8.1g The alienated member;	8.1g						
		8.1h The withdrawn member;	8.1h						
		8.1i The overly dependent member; and	8.1i						
		8.1j The member who gives inappropriate advice.	8.1j						
9. Be conversant with the body of research related to group counseling, both landmark and current, particularly as it relates to one's area of specialty.	9.1	Stay current with professional literature in areas such as:	9.1						
		9.1a School counseling:	9.1a						
		9.1b Student development work;	9.1b						
		9.1c Community agencies;	9.1c						

COMPETENCIES **The counselor is a skilled professional who is able to:**		**PERFORMANCE GUIDELINES** **The professional counselor provides evidence of competence by demonstrating the ability to:**		**ASSESSMENT** **Low Average High**					
				1	**2**	**3**	**4**	**5**	**none**
	9.1d	Mental health facilities; and	9.1d						
	9.1e	Specific issue groups such as groups for depression, AIDS, eating disorders, and chemical abuse and other additions.	9.1e						
10. Demonstrate personal behaviors and a sensitivity to issues that indicate an appreciation of ethical practices in group work.	10.1	Relate critically to specific professional guidelines that address ethics in group work, such as:	10.1						
	10.1a	Providing information and orienting new group members;	10.1a						
	10.1b	Screening potential group members;	10.1b						
	10.1c	Maintaining confidentiality:	10.1c						
	10.1d	Working with voluntary or involuntary participants;	10.1d						
	10.1e	Procedures for leaving the group;	10.1e						
	10.1f	Protecting group members against undue coercion and pressure, intimidation, and physical threats;	10.1f						
	10.1g	Imposing counselor values on group members;	10.1g						
	10.1h	Treating each group member equitably and equally;	10.1h						
	10.1i	Avoiding dual relationships;	10.1i						
	10.1j	Using group techniques in which the leader is not trained;	10.1j						
	10.1k	Consulting with members and other professionals between group meetings;	10.1k						

COMPETENCIES The counselor is a skilled professional who is able to:	PERFORMANCE GUIDELINES The professional counselor provides evidence of competence by demonstrating the ability to:	ASSESSMENT Low Average High						
			1	2	3	4	5	none
	10.1l Terminating the group;	10.1l						
	10.1m Conducting evaluation and follow-up procedures;	10.1m						
	10.1n Managing referral to other appropriate professionals; and	10.1n						
	10.1o Continuing the leader's professional development	10.1o						

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INDEX

A
Abused children, 324–326
  goals of group, 324–325
  intervention strategies, 325–326
  selection of members, 325
Achterberg, J., 378, 394
Ackerman, N., 27
Activity group counseling, 318–321
  activity rooms, 320–321
  counselor's role, 319
  length of sessions, 321
  process, 319–320
  selection of members, 318–318
Adler, A., 21, 25, 36–37, 41, 42, 67, 132
Adlerian counseling, 36–37
Adolescent groups, 327–335, 401
  intervention strategies, 330–331
  problem-focused groups, 331–335
  purpose and goals, 328–330
Adult children of alcoholics' groups, 392
  goals and purposes, 392–393
  intervention strategies, 393–394
  selection of members, 393
AIDS patients' groups, 379–383, 401
  issues, 382–383
  research, 383
  taboos and stigmas, 381–382
Alcoholics Anonymous, 26, 386
Allen, F., 298, 310
Allen, R., 22, 26, 42
Allport, F., 25
Alman, P., 336
American Counseling Association (ACA), 16, 27, 29, 110
American Groups Psychotherapy Association, 26
American Personnel and Guidance Association, 23, 27
American Psychiatric Association, 390, 394
American Psychological Association (APA), 16
American Society of Group Psychotherapy and Psychodrama, 26
Amster, F., 316, 336

Anderson, J., 290, 295
Anderson, M., 63
Andronico, M., 341, 359
Army Alpha and Beta Tests, 25
Assessment instruments, 211–213
Association for Counselor Education and Supervision (ACES), 110
Association for Specialists in Group Work (ASGW), 16, 29, 42, 103, 110, 129, 130, 402, 415–430
  Ethical Guidelines for Group Leaders, 17–19, 29, 113–128, 166, 405
  Professional Standards for Training of Group Counselors, 29, 108, 133, 411, 415–430
Axline, V., 340, 341, 358

B

Bach, G., 28, 239, 276
Bales, R., 27
Baltrusch, H., 377, 394
Baruch, D., 358
Basic skills training (BST) group, 27
Bateson, G., 27
Bavin–Hoffman, R., 353, 358
Beck, D., 91, 93, 133
Bednar, R., 290, 295
Beers, C., 25
Behavior therapy model, 40
Behavioral change contracts, 248–253
  advantages, 251–252
  cautions, 252–253
  criteria, 250
  procedures, 249–251
  rationale, 248–249
  rewards, 251
Beitchman, J., 324, 336
Bell, J., 27
Bennis, W., 289, 295
Berenson, B., 78, 134, 139, 155
Berg, R., 17, 42, 74, 103, 108, 133, 134, 447–448
  on common group issues, 258–276
Berg's eclectic approach to group counseling, 52–58
  compared to group-centered approach, 58–60
  personality development, 53–57
  therapeutic relationship, 57–58
Berglund, K., 139, 156
Bernard, H., 133, 290, 295
Berne, E., 28, 37–38, 42
Bion, W., 27
Black, C., 392, 394
Bleck, E., 327, 338
Bonney, W., 289, 295, 355, 359
Bowlby, J., 5, 42
Braaten, L., 281, 296
Bratton, S., 353, 359
Briere, J., 324, 336
Brill, L., 387, 394
Brisman, J., 391, 395
Brown v. Board of Education, 27
Brown, L., 362, 395
Budman, S., 281, 296
Burrow, T., 26
Butler, S., 364, 395

C

Callanan, P., 280, 296
Cancer patient groups, 376–379
  goals and purposes, 377–378
  intervention strategies, 378–379
  selection of members, 378
Candarelli, A., 324, 337
Carkhuff, R., 29, 40, 53, 58, 60, 68, 70, 75, 78, 135, 132, 133, 134, 139, 155
Carroll, M., 108, 254, 257, 276
Carver, C., 175, 207
Cash, R., 108

Cassavia, E., 336
Celano, M., 326, 337
Center for the Study of Persons, 28
Chau, I., 353, 359
Chemical dependency groups, 386–389, 405
  goals and purposes, 387–388
  intervention strategies, 388–389
  selection of members, 388
Children of divorce, 326–327
  goals of group, 326–327
  intervention strategies, 327
  selection of members, 327
Children's Divorce Group, 327
Children's groups, 311–327
  abused children, 324–326
  activity group counseling, 318–321
  children of divorce, 326–327
  formats, 314–315
  goals and purposes, 213–313
  group play therapy, 315–318
  special considerations, 313–314
  structured group counseling, 321–324
Client-centered therapy, 42, 67
Coercion, 120–121, 403
  ethical guidelines, 120–121
Cohn, B., 3, 42
Communication, 80–82
  conditions for effective, 69–70
Concreteness, 86
Confidentiality, 31, 128–129, 403
  ethical guidelines, 117–119
Confrontation, 88–90, 193, 403
  Carl Rogers on, 144–145
  illustration, 89–90
Consultation, 124–125
Contracting, 357–358
Cooley, C., 279
Corazzini, J., 393, 395
Corder, B., 247, 277, 329, 331, 337
Corey, G., 2, 23, 42, 138, 155, 236, 277, 280, 296, 303, 310, 356, 359
Corey, M., 2, 23, 42138, 155, 236, 280, 296, 303, 310, 356, 359
Corsini, R., 20, 42
Cosby, B., 209
Council for Accreditation of Counseling and Related Educational Programs (CACREP), 134, 411
  professional standards, 108–109
Counseling groups, 10, 18, 19–20, 21–22
Counselor values
  Carl Rogers on, 152–153
  imposing, 121
Couples' groups, 355–358, 404
  goals and purposes, 356
  intervention strategies, 357–358
  selection of members, 357
Cowan, C., 93, 133
Cowart, L., 281, 296
Cummins, P., 390, 395
Current status of group counseling, 29–32

D

DaCosta, G., 336
Dameron, J., 103, 109, 134, 439
Damon, J., 326, 337
Davis, D., 281, 296
Davis, J., 25
Day, R., 322, 337
Daybooks, 175–179
  as part of evaluation, 308
  guide, 176–178
  structure, 178–179
Deep values, 91–98
  applications in group counseling, 99–103
  change, 95, 97
  compared to surface, 93
  matrix, 96

  terms, 95–98
  zones of interaction and activity, 99–103
Demby, A., 281, 296
Dennison, S., 247, 277
Depression patient groups, 384–386
  goals and purposes, 384–385
  intervention strategies, 386
  selection of members, 385–386
Developing Understanding of Self and Others (DUSO), 324
Devencenzi, J., 246, 277
DiClemente, C., 389, 396
Dies, K., 290, 296, 302, 310
Dies, R., 32, 42, 290, 296, 303, 310
Discrimination, 79–80
Donigian, J., 247, 257, 277
Downing, N., 392, 393, 395
Doxsee, D., 175, 207
Dreikurs, R., 21, 27, 36, 41, 43
Driver, H., 27
Dual relationships, 129–132
  ethical guidelines, 122–123
Duncan, J., 23, 43
Dupont, H., 70
Dustin, D., 22, 43, 357, 359, 389, 395
Dworkin, S., 367, 397

E
Eating disorder groups, 389–392
  goals and purposes, 390–391
  intervention strategies, 392
  selection of members, 391
Egan, G., 209, 236
Ellis, A., 3, 39, 42, 43
Emerson, S., 157, 207
Empathy, 83–84
Encounter groups, 10, 28, 405
Engels, D., 103, 109, 134, 439
Enns, C., 364, 395
Equitable treatment, 122
Erikson, M., 70
Esalen Institute, 28
Establishing ground rules, 163–165
Ethical dilemmas, 128–132
  confidentiality, 128–129
  dual relationships, 129–132
Evaluation, 304–308
  ethical guidelines, 125–126
  evaluation form, 307
  leader self-evaluation, 304–305
  member evaluation, 305–308
  member self-evaluation, 308
Evanczuk, K., 239, 277
Extended sessions, 148–150
Eysenck, H., 377, 395

F
Facilitating responsibility, 168–171, 185, 290
Fall, K., 64, 134, 451
Family counseling, 354–355
  goals and purposes, 354
  intervention strategies, 355
  selection of members, 354–355
Faulkner, W., 157
Fedele, N., 364, 395
Feedback, 184, 187, 192, 193, 195, 375
Feldstein, M., 281, 296
Filial therapy, 339–354
  clientele, 349
  historical development, 340–341
  objectives, 343–344
  rationale, 341–342
  research, 349–354
  structure, 345–348
  unique aspects, 342–343
Flaherty, S., 326, 337
Foley, W., 289, 295
Follow-up sessions, 308–309, 406
  ethical guidelines, 125–126
Freud, S., 25, 67, 92, 340, 359

Frost, R., 237
Fuchs, N., 340, 359

G

Garner, N., 157, 207
Garvin, G., 239, 277
Gazda, G., 3, 21, 23, 28, 40, 41, 43, 70, 108, 111, 134, 138, 155, 206, 207, 309, 310, 323, 337
Genuineness, 87–88
Geoffroy, K., 23
George, G., 22, 43
George, R., 357, 359, 389, 395
Gesell, A., 70
Gestalt therapy, 28, 34–36, 42, 66
Gibb, J., 28
Gilligan, C., 362, 395
Gillis, H., 355, 359
Ginott, H., 316, 318, 337, 341, 359
Glass, N., 351, 359
Glasser, W., 40
Glazer-Waldman, H., 352, 359
Glover, G., 349, 353, 359
Goals, 5–6
  adolescent groups, 328–330
  adult children of alcoholics, 392–393
  cancer patients, 377–378
  chemical dependence groups, 387–388
  children's groups, 213–313, 324–325, 326
  couples' groups, 356
  depression patients, 384–385
  eating disorder groups, 390–391
  ethical guidelines, 124
  family counseling, 354
  filial therapy, 343–344
  older adult groups, 365–366
  personal growth groups, 371–372
  women's groups, 362–363
Gomez-Schwartz, B., 324, 337
Goodman, P., 34, 43
Gordon, K., 25
Graves, C., 92
Grossarth-Maticek, R., 377, 395
Group
  achieving stability, 171–174
  cohesiveness, 31, 220–221, 263–265, 280–282, 403
  maintaining, 279–295
  poem, 179
  progress and learning, 173–174
  protocol, 179–205
  size, 19, 162–163, 263, 313, 357
  stages of development, 282–288
  testing limits, 283–284
Group counseling practicum, 139–140
Group facilitation, 12–15
Group leader
  and group satisfaction, 64–65
  authoritarian, 63–64, 172, 402
  characteristics, 209–211
  competencies checklist, 431–439
  democratic, 63, 64, 172, 404
  ethical standards, 110–114
  initiating a group, 157–206
  internal experience, 137–155
  interpersonal skills, 79–82, 210
  laissez-faire, 63, 64, 409
  leadership styles, 63–66, 409
  personal standards, 111–113
  professional development, 126
  responding to silence, 257–258
  role of, 258–260, 319
  self-evaluation, 304–305
  stability, 172–173
Group pressure, 8–9, 403
  ethical guidelines, 120–121
Group process
  multiracial, 273–274, 406, 410
  obstacles, 213–222
  procedural rules, 165, 166

  rules, 165–168
  structuring, 239–248
Group Psychotherapy, 26, 27
Group techniques, 123–124
Group think, 28
Guerney, B., 340, 341, 342, 349, 359
Guerney, L., 341, 347, 349, 359
Guidance groups, 18, 21–22
Gunn, P., 179, 207

H

Haas, L., 129, 134
Haberman, H., 386, 396
Haizlip, T., 329, 337
Hall, A., 391, 396
Hammond, J., 326, 327, 337
Harrington, E., 364, 395
Harris, M., 9, 44
Harris, S., 393, 395
Harris, Z., 353, 360
Harvill, R., 257, 277
Havighurst, R., 70
Hawthorne Study, 26
Hefferline, R., 34, 43
Helping
  facilitative or responsive dimension, 83–87
  helper's strategy, 91
  initiative or action-oriented dimension, 87–91
Hendrix, H., 53, 60, 56
Herzog, D., 390, 396
Hill Interaction Matrix, 291–295
  content style, 292–293
  work style, 293–295
Hill, W., 288, 291–295, 296
Hinkle, J., 157, 207
History of group counseling, 16–29
  significant dates and events, 25–29
Hobbs, N., 46, 60
Holistic leadership training, 63–133
Holroyd, J., 131, 134
Hood, J., 336
Horne, A., 2, 43, 322, 337
Horney, K., 53, 56, 67
Horowitz, J., 324, 337
Howard, J., 29
Howe, E., 311
Hubbard, E., 137
Hughes, R., 363, 396

I – J

Imber, S., 239, 277
Immediacy, 90–91
Initiating a group, 125–106
  achieving stability, 171–174
  establishing rules, 163–168
  facilitating responsibility, 168–171, 290
  pregroup orientation, 158–165
International Journal of Group Psychotherapy, 27
Interpersonal skills, 66–78
  action conditions, 69–70
  basic assumptions, 70–72
  developing, 70, 72–75
  facilitative conditions, 69
  for group leader, 79–82
  "growing person," 74–75
  overview, 75–78
  schematic model, 76
  "whole person," 73–74
Intervention strategies, 209–235
  abused children, 325–326
  adolescents, 330–331
  adult children of alcoholics, 393–394
  chemical dependence groups, 388–389
  children of divorce, 327
  chronic disease groups, 378–379
  couples' groups, 357–358
  depression patients, 386

- eating disorder groups, 392
- family counseling, 355
- older adult groups, 366–368
- women's groups, 363–364

Involuntary participation, 271–272, 374, 414
- ethical guidelines, 119

Jack, D., 362, 396
Jacobs, E., 138, 155, 257, 277
Janus, I., 28
Jenkison, J., 368, 396
Johnson, J., 17, 42
Jones, E., 139, 156
Jones, J., 11, 43
Jordon, J., 364, 396
Journal for Specialists in Group Work, 248

K

Kanas, N., 239, 277
Kauligham, D., 175, 207
Keller, M., 390, 396
Kerr, B., 281, 296
Khalsa, S., 247, 277
Kline, W., 222, 236
Koeppe, P., 239, 277
Koffman, A., 377, 396
Kohlberg, L., 70
Kormanski, C., 40, 43
Kottler, J., 65–66, 108, 134, 232, 236, 257, 277
Kubler-Ross, E., 377, 396
Kurtz, L., 220, 236

L

LaFountain, R., 157, 207
Lahti, S., 352, 360
Lamnin, A., 175, 207
Landreth, G. 49, 60, 103, 108, 134, 239, 278, 315, 317, 337, 339, 340, 341, 343, 345, 346, 349, 360, 449–450
- on common group issues, 258–276

Landreth's group-centered theory, 45–52
- compared to eclectic approach, 58–60
- personality theory, 46–48
- therapeutic relationship, 49–52
- view of personality and behavior, 48–49

Landy, L., 246, 278
Lane, K., 246, 278
Lavori, P., 390, 396
Lawe, C., 2, 43, 322, 337
Lawler, A., 364, 396
Lawlis, F., 378, 394
Leadership Training, 103–110, 266–268, 415–430
- ASGW professional standards, 108, 415–530
- CACREP professional standards, 108–109
- criteria, 106–107
- experiential component, 103–108
- group counseling competencies, 109–110
- laboratory group, 104–105
- "out-of-class" group, 105–108

Leaving a group, 373–374
- ethical guidelines, 119–120

Lebovitz, C., 350, 360
Lecky, 4
Lewin, K., 22, 26, 27, 53, 132, 134
Lewinsohn, P., 386, 396
Lieberman, M., 29, 139, 155, 280, 296
Limitations of group counseling, 11–12
Linking, 184, 198, 202, 203
Lippitt, R., 63, 132, 134, 135
Littlepage, G., 281, 296
Lobaugh, F., 352, 360

Loevinger, J., 70
Luchins, A., 257, 278

M

MacKenzie, K., 133, 290, 295
Maintaining a group, 279–295
  exploring group cohesion, 280–282
  Hill Interaction Matrix, 291–295
  other stage theories, 288–291
  stages of group development, 282–288
Major theoretical approaches, 32–40
  Adlerian, 36–37
  Gestalt, 28, 34–36, 42, 66
  other models, 40
  person-centered, 32–34
  Rational-Emotive Behavioral Therapy, 39–40
  transactional analysis, 37–38, 66
Malouf, J., 129, 134
Mandell, J., 326, 337
Marathon groups, 10, 409
  Carl Rogers on, 148–150
Martin, D., 108
Martin, E., 288, 296
Maslow, A., 92
Masson, R., 257, 277
Mayo, E., 26
McCallulm, M., 160, 207
McGee, T., 300, 310
McManus, P., 363, 396
McWhirter, E., 396
Meador, B., 48, 60
Media and instructional aids, 161
Meeting times, 161–162, 238–239
  for children, 313, 321, 327
Melnick, J., 290, 295
Member evaluation
  evaluation form, 307
  group and facilitator, 305–308
  self-evaluation, 308
Miles, M., 139, 155, 280, 296
Mitchell, J., 391, 396
Molnati, R., 257, 277
Moreno, J., 20, 21, 25, 26, 27, 41, 411
Morganett, R., 247, 278, 279, 296
Morran, D., 9, 44
Moustakas, C., 340, 341, 360
Mudrack, P., 281, 296
Multiple impact training (MIT), 70
Murray, R., 175, 207

N – O

National Defense Education Act, 27
National Self-Help Clearing House, 369
National Training Laboratories, 22–23, 27, 410
Nichols, K., 368, 396
Nonverbal group exercises
  Carl Rogers on, 147–148
Norcross, J., 389, 396
Nutt, G., 170, 207
Obstacles to group process, 213–222
  cohesiveness, 220–221, 280–282, 403
  power struggles, 219–220
  resistance, 221–222, 274–276
  silence, 217–219
  subgroups, 219
Ohlsen, M., 2, 6, 41, 43, 322, 329, 337
Older adults' groups, 364–368, 401
  goals and purposes, 365–366
  intervention strategies, 366–368
  selection of members, 366
Oxman, L., 349, 360

P

Packer, P., 351, 360
Patience, 170
Patterson, C., 47, 60

Payton, I., 350, 360
Pendergast, S., 246, 277
Pennebaker, J., 175, 207
Perls, F., 28, 34, 42, 43
Personal growth groups, 370–376
  freedom to leave and termination procedures, 373–374
  goals and typical issues, 371–372
  phases, 372–373
  risks, 374–376
  types of, 9–11, 18
Personality development
  eclectic approach, 53–57
  group-centered theory, 46–48
Personality
  group-centered view, 48–49
  theory, 46–48
Person-centered group therapy, 32–34
  stages of, 33–34
Pfeiffer, J., 11, 43
Physical setting, 160–161
Piaget, J., 70
Piper, W., 160, 207
Pistole, M., 5, 6, 43
Play therapy, 315–318
  abused children, 325–326
  children of divorce, 327
  filial therapy, 342–349
  meaning of play, 315–316
  play process, 316–317
  playroom and toys, 317–318
Polster, E., 34, 43
Polster, M., 34, 43
Pope, K., 131, 134
Posthuma, B., 303, 310
Powell, L., 326, 337
Pratt, J., 20–21, 25, 41
Pregroup orientation, 158–165, 411
  ethical guidelines, 115–117
Problem-focused groups, 331–335
  example, 332–335
Problems, 209–235
  alienation, 225
  attacker, 231–232
  avoidance, 223–224
  compulsive talker, 228–229
  controlling, 222–223
  coordinator, 226
  group clown, 226–227
  harmonizer, 226
  intellectualizer, 230–231
  manipulator, 229–230
  naiveté, 225
  Pollyanna, 225–226
  "poor me," 228
  problem solver, 227–228
  rescuer, 227
  resistance, 232–235, 274–276
  with group members, 222–235
  withdrawal, 224–225
Prochaska, J., 389, 396
Progressive Education Association, 25
Psychoanalytic therapy model, 26, 40
Psychodrama, 26, 66, 411
Psychotherapy groups, 18, 19–20, 21, 407, 412

R

Racusen, F., 300, 310
Ranking, J., 297
Rationale of group counseling, 1–11
Rational-Emotive Behavioral Therapy (REBT), 39–40, 42
Reality therapy model, 40
Redford, J., 363, 396
Reflecting, 180, 192
Reporting unethical behavior, 126–128
Resistance in groups, 221–222, 232–235, 274–276, 412
  to termination, 300–302

Richert, M., 377, 396
Rintye, E., 68, 135
Riordan, R., 105, 134, 175, 207
Robinson, F., 139, 156
Rogers, C., 3, 4, 21, 26, 28, 32–34, 41, 42, 43, 44, 46, 47, 48, 49, 51–52, 53, 60, 61, 67, 92, 132, 134, 135, 143–155, 172, 207, 340
  interview, 143–154
  on co-counselor group facilitation, 146–147
  on confrontation, 144–145
  on counselor values, 152–153
  on extended group sessions and marathons, 148–150
  on future of group work, 153–154
  on nonverbal group exercises, 147–148
  on owning feelings, 150–151
Runtz, M., 324, 336
Russell, J., 280, 296

S

Sacks, N., 390, 396
Salvendy, J., 160, 208
Samover, L., 68, 135
Satir, V., 27
Schiffer, M., 319, 320, 337
Schilder, P., 26
Schuman, B., 300, 310
Schutz, W., 28
Screening members, 159–160, 406, 411
  adult children of alcoholics, 393
  Berg and Landreth on, 265–266
  chemical dependence groups, 388
  children's groups, 318–319, 324, 325, 327
  chronic disease groups, 378
  couples' groups, 357
  criteria, 159–158
  depression patients, 385–386
  eating disorder groups, 391
  ethical guidelines, 117
  family counseling, 354–355
  filial therapy groups, 349
  older adult groups, 366
  women's groups, 363
Self-Assessment Scale, 212–213, 214–216
Self-help groups, 368–370, 412
Sensitivity groups, 16, 28
Sensue, M., 350, 360
Shea, E., 247, 277
Sheen, Bishop Fulton J., 1
Shepard, H., 289, 295
Sherif, M., 26
Siegel, M., 391, 395
Silence, 413
  as an obstacle, 217–219
  effective use, 254–258
  Landreth and Berg on, 260–262
  meaning, 254
  part of group process, 254–255
  responding to, 257–258
  working, 255–257
Singer, V., 367, 397
Sisson, P., 23, 43
Six-Phase Theory of Group Development, 288
Skinner, B., 92
Slavin, R., 220, 236
Slavson, S., 21, 22, 26, 27, 41, 318, 319, 337
Sociatry, 27
Soldz, S., 281, 296
Sonne, J., 131, 134
Sparacio, R., 322, 337
Spitz, H., 128, 135
Springer, T., 281, 296
Stages of group development, 282–288, 407
  commitment, 285–288
  precommitment, 283–285

Stangel, W., 377, 394
State of Texas Attorney General's Office, 338
Steinbeck, J., 45
Stockton, R., 9, 44, 106, 135
Stoller, F., 28, 239, 278
Structured group counseling, 321–324
  activity-interview counseling, 323
  games and multimedia, 324
  guidelines, 322–323
  selection of members, 324
Structuring group process, 239–248
  as a freeing agent, 244–245
  counselor self-structuring, 242–244
  kinds of structuring, 246–247
  limitations, 245–246
  structuring for members, 241
Subgroups, 219
Sullivan, H., 67, 132
Super, D., 70
Support groups, 368–370
Systematic Human Resources Development/Training (HRD), 29
Sywulak, A., 350, 360

T

TACIT model, 290
Tannenbaum, B., 146
Tarter, R., 387, 397
Telch, C., 378, 397
Telch, M., 378, 397
Termination
  determining when, 299–300
  ethical guidelines, 125
  of groups, 297–304, 414
  of member, 268–271
  procedures, 302–304
  rationale, 298–299
  resistance, 300–302
Terminology, 401–414
Texas Family Code, 324
Theatre of Spontaneity, 25
Therapeutic relationship
  eclectic approach view, 57–58
  group-centered view, 49–52
Thomas, L., 383, 397
Thorne, F., 67, 132
Tilson, M., 386, 396
Toys in group, 317–318, 321
Tracz, S., 367, 397
Training groups (T-groups), 10, 27, 345–348, 408, 413
Transactional analysis, 37–38, 66
Truaz, C., 68, 132, 135
Typical issues, 237–276
  behavioral change contracts, 248–254
  effective use of silence, 254–258
  questions and answers about common issues, 258–276
  session length, 238–239
  structure, 239–248

U – V

Universality, 30, 183, 414
University of North Texas, 103, 109, 143
Values quotient (VQ), 92–98
Van Fleet, R., 343, 345, 360
Vanicelli, M., 392, 397
Varenhorst, B., 8, 44
Vetter, H., 377, 395
Vocational Bureau of Boston, 25

W – Z

Walker, M., 392, 393, 395
Walters, R., 216, 236
Waltz, M., 377, 394
Watson, G., 25
Wegscheider, S., 392, 397
Wender, L., 26
White, J., 105, 134

464

White, R., 63, 132, 134
Whiteside, L., 329, 337
Wiggins, J., 257, 276
Wilkinson, G., 327, 338
Williams, K., 393, 395
Wintram, C., 364, 395
Women's groups, 361–364
  goals and purposes, 362–363
  intervention strategies, 363–364
  selection of members, 363
Woodside, M., 392, 297
Wrenn, C., 22
Yalom, I., 7, 28, 29, 44, 138, 139, 155, 156, 160, 206, 208, 280, 283, 296, 298, 310
Zucker, K., 336

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ISBN 1-56032-663-8
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